FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706242** **(5)**

1. Corporation Name

FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
124 SALEM COURT TALLAHASSEE FL 32301	124 SALEM COURT TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **10/04/1963**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: **59-6044207** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RUDD, FRANK EXECUTOR DIRECTOR
C/O FLORIDA SCHOOL SERVICE ASSOC
124 SALEM COURT
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Frank Rudd Executive Director Frank Rudd 4-9-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MULLINS, FRANK		12 NAME		
STREET ADDRESS	1990 25TH STREET		13 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		14 CITY-ST-ZIP		
TITLE	P	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BAILEY, ETHA		22 NAME		
STREET ADDRESS	11111 S BELCHER RD		23 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		24 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	31 TITLE	SD	☐ Change ☒ Addition
NAME	EHRHART, SUSAN		32 NAME	Joyce Welsh	
STREET ADDRESS	PO BOX 391		33 STREET ADDRESS	114 Hunter St.	
CITY-ST-ZIP	BARTOW FL		34 CITY-ST-ZIP	Charlotte Harbor, FL 33980	
TITLE	VD	☐ DELETE	41 TITLE	4.1 President	☒ Change ☐ Addition
NAME	THORSON, BETH		42 NAME		
STREET ADDRESS	7061 GARDEN RD		43 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BEACH FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	RUDD, FRANK		52 NAME		
STREET ADDRESS	124 SALEM CT		53 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Rudd Frank Rudd, Ex. Director 4-9-96 904/878-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #