

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706242

FILED
Jan 14, 2004
Secretary of State

Entity Name: FLORIDA SCHOOL FOOD SERVICE ASSOCIATION, INC.

Current Principal Place of Business:

124 SALEM COURT
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

124 SALEM COURT
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6044207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDY M. LASTER, EXECUTIVE DIRECTOR
124 SALEM COURT
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: JACKSON, SAMUEL
Address: 341 SCO 203 RD AVE
City-St-Zip: PEMBROKE PINES, FL 33144

Title: S () Delete
Name: DONAWAY, ANN
Address: 2475 JOEY DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: LASTER, JUDY M
Address: 124 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD () Delete
Name: KEHRER, CAROL
Address: 1016 EDUCATION AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: RAINES, MARY
Address: 20675 SW 162 AVE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: STAFFORD, ANNETTE
Address: 900 WALNUT STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: DUNHAM, ART
Address: 1530 CHUKAR RIDGE
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY M. LASTER

D

01/14/2004

Electronic Signature of Signing Officer or Director

Date