2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006
Secretary of State

DOCUMENT# 706242

Entity Name: FLORIDA SCHOOL NUTRITION 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: YOUNG, DEBBIE
Address: 970 WEST RIDGE DRIVE
City-St-Zip: DEBARY, FL 32713

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

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

Title: T ( ) Delete
Name: MACOMBER, CONNIE
Address: 7227 LAND O'LAKES BLVD
City-St-Zip: LAND O'LAKES, FL 34639

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: YOUNG, DEBBIE
Address: 970 WEST RIDGE DRIVE
City-St-Zip: DEBARY, FL 32713

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

Title: VD (X) Change ( ) Addition
Name: TANKERSLEY, TIM
Address: 3397 W. THARPE ST.
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: S ( ) Change (X) Addition
Name: FRANCES, HICKMAN
Address: 3764 HOLIDAY RD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 02/14/2006

Electronic Signature of Signing Officer or Director — Date