

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90047 017 ****61.25

DOCUMENT # 706242

1. Entity Name
FLORIDA SCHOOL NUTRITION ASSOCIATION, INC.



Principal Place of Business
**124 SALEM COURT
TALLAHASSEE, FL 32301**

Mailing Address
**124 SALEM COURT
TALLAHASSEE, FL 32301**

4001111111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-6044207

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TAURELSLEY, TIM ☒ Delete
STREET ADDRESS 3397 W. THARPE STREET
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LASTER, JUDY M ☐ Delete
STREET ADDRESS 124 SALEM COURT
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME GILES, THAJUANA ☐ Delete
STREET ADDRESS 3144 NW 39TH PLACE
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME LAKE, MARY ☐ Delete
STREET ADDRESS 2700 JUDGE FLAN JAMIESON WAY
CITY-ST-ZIP VIERA, FL 32940

TITLE T, S LAKE, MARY ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME FRANCES, HICKMAN ☐ Delete
STREET ADDRESS 3764 HOLIDAY RD.
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE VD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judy M. Laster *JUDY M. LASTER* 1/21/08 (850) 878-1832