

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706242

FILED
Jan 28, 2009
Secretary of State

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

Title: PD () Delete
Name: GILES, THAJUANA
Address: 3144 NW 39TH PLACE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TS () Delete
Name: LAKE, MORY
Address: 2700 JUDGE FLAN JAMIESON WAY
City-St-Zip: VIERA, FL 32940

Title: VD () Delete
Name: FRANCES, HICKMAN
Address: 3764 HOLIDAY RD.
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TS (X) Change () Addition
Name: REID, PATRICIA
Address: 2017 DALTON AVE.
City-St-Zip: DELTONA, FL 32725

Title: VD (X) Change () Addition
Name: WOOD, PATRICIA
Address: 200 N CLARA AVE
City-St-Zip: DELAND, FL 32720

I hereby certify that the information supplied with this filing does not qualify 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

01/28/2009

Electronic Signature of Signing Officer or Director

Date