

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724361

FILED
Jul 08, 2008
Secretary of State

Entity Name: SOUTHEASTERN MASTER RETAIL BAKERS ASSN., INC.

Current Principal Place of Business:

161 RIDGEMONT DR.
COLUMBIA, SC 29212

New Principal Place of Business:

Current Mailing Address:

ONE HARBISON WAY
222
COLUMBIA, SC 29212

New Mailing Address:

FEI Number: 58-1231117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POLLETA, GARY W
4737 GLENWOOD AVE
JACKSONVILLE, FL 32205 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: T () Delete
Name: SMITH, ROBERT S
Address: 161 RIDGEMONT DR.
City-St-Zip: COLUMBIA, SC 29212

Title: P () Delete
Name: HINSON, SYLVIA
Address: 2541 KORSHAW CANDA HWY
City-St-Zip: LANCASTER, SC 29720

Title: VP () Delete
Name: COOKE, ALAN
Address: 1307 SECOND LOOP RD.
City-St-Zip: FLORENCE, SC 29505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: SMITH, ROBERT S
Address: 161 RIDGEMONT DR.
City-St-Zip: COLUMBIA, SC 29212

Title: VP (X) Change () Addition
Name: HINSON, SYLVIA
Address: 2541 KORSHAW CANDA HWY
City-St-Zip: LANCASTER, SC 29720

Title: PRES (X) Change () Addition
Name: COOKE, ALAN
Address: 1307 SECOND LOOP RD.
City-St-Zip: FLORENCE, SC 29505

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: ROBERT S. SMITH

Electronic Signature of Signing Officer or Director

TRES

07/08/2008

Date