NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

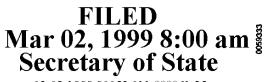
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766620

1. Corporation Name

THE HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA, INC.



03-02-1999 90053 011 ****61.25 03-02-1999 90053 012 ****8.75

Principal Place	e of Business	Ма	iling Address			- -			01811 B1811 B1	61611 1661
2126 ALICIA ST FT MYERS FL 33901			2126 ALICIA ST FT MYERS FL 33901							
FI MITERS FL	33901	Fi	MIERO FL 33901							
						1				
2. Principal Pl	lace of Business	2a.	Mailing Address			1	3. Date Incorporated or Qualifed			
21		26					01/21/1983			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		· 		4. FEI Number		Ap	plied For
22		27					59-233 <u>2120</u>		Nc	t Applicable
City & State	e		City & State				5. Certifcate of Status Desired		\$8:75	
23		28					5. Certificate of Galas Booked		Fee Re	equired
Zip	Country		Zip	Cou	ntry		6. Election Campaign Financing		\$5.00	•
24	25	29		30			Trust Fund Contribution		Added	to Fees
•	9. Name and Address of Curren	t Regist	tered Agent				10. Name and Address of New I	Registered A	gent	
					81 Name	,				
BOTCHEO	RD, A.K. HAWLEY				82 Street	Address	s (P.O. Box Number is Not Accepta	able)		
6789 CAR							<u> </u>			
	S FL 33919				83					
7 1 1011 - 110	71 2 303 13				84 City				85 Zip (Code
					64 City			FL		
44 . D	- 4h	2 and 61	7.1508, Florida Statu	tes, the a	bove named	corpora	ation submits this statement for the	purpose of c	hanging its	registered
-: :Pursuant :	to the provisions of Sections of Chase					poration's		pt the appoin	ment as re	gistered
office or re	egistered agent or both in the State.	of Florid	a. Such change was : Section 617 0503 Fl	autnonzec orida Stati	i by the corp utes.		S DOZIG OF GILECTORS. I TIEREDY GCCC			
office or re agent. I a	to the provisions of sections of 7.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was Section 617.0503, Fl	orida Stati	i by the corp utes.		S DOZIG OF GIRECTORS. THEFEBY 4000			
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I hereby cartify that the information supplied with this failing does not qualify for the exemption stated in Section 13.07(3)(f). I folial actual state of the composition of the composition or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or qn an attachment with an address, with all other like empowered.

SIGNATURE:

SHATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/99 (941) 334-7007

:K2E03/ (11/98)