## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#766620**

FILED Jan 07, 2004 Secretary of State

Entity Name: THE HARRY CHAPIN FOOD BANKS OF SOUTHWEST FLORIDA, INC.

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:	
2126 ALICIA ST FT MYERS, FL 33901					
Current Mailing Address:			New Maili	New Mailing Address:	
2126 ALICIA ST FT MYERS, FL 33901					
FEI Number:	59-2332120	FEI Number Applied For ( )	FEI Number Not App	plicable ( ) Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
BOTCHFORD, A.K. HAWLEY 6789 CARMELLE DR FT MYERS, FL 33919 US					
The above in the State		ubmits this statement for the pu	ırpose of changing i	its registered office or registered agent, or both,	
SIGNATURE:					
	Electron	c Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SCHICK, LELEN 7640 TWIN EAG FT. MYERS, FL	ELE LANE 33912 Delete DR. WAY	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition  PVD (X) Change ( ) Addition  PAVELKA, RAYMOND  699 ANCHOR DRIVE  SANIBEL ISLAND, FL 33957	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BOTCHFORD, F 6789 CARMELL FT. MYERS, FL	E DR 33919 Delete EON DURT	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition ()Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () PATI, KAREN 1995 ROSEATE SANIBEL, FL 33		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HAWLEY BOTCHFORD ED 01/07/2004