


FILED
Aug 09, 2001 8:00 am
Secretary of State

07-18-2001 90258 035 ****70.00

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1. Entity Name

NATIONAL SMALL FARMER SCHOOL LUNCH ASSOCIATION.

Principal Place of Business 3806 UNION RD. MARIANNA FL 32446		Mailing Address 3806 UNION RD. MARIANNA FL 32446		 DO NOT WRITE IN THIS SPACE																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		4. FEI Number _____ <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
HOLMES, GLEN 3800 UNION RD. MARIANNA FL 32446				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.																													
SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>																													
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make Check Payable to Department of State																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> </thead> <tbody> <!-- Entry 1 --> <tr> <td style="width: 50%; padding: 5px;"> TITLE _____ NAME PD HOLMES, GLEN STREET ADDRESS 3800 UNION RD. CITY-ST-ZIP MARIANNA FL 32446 </td> <td style="width: 5%; text-align: center; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 50%; padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="width: 5%; text-align: center; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <!-- Entry 2 --> <tr> <td style="padding: 5px;"> TITLE _____ NAME VD RICHARDSON, VONDA STREET ADDRESS 2317-A LARUE CT. CITY-ST-ZIP TALLAHASSEE FL 32303 </td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <!-- Entry 3 --> <tr> <td style="padding: 5px;"> TITLE _____ NAME STD VARNER-ELEASE STREET ADDRESS 3806 UNION RD. CITY-ST-ZIP MARIANNA FL 32446 </td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <!-- Entry 4 --> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <!-- Entry 5 --> <tr> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="padding: 5px;"> TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____ </td> <td style="text-align: center; padding: 5px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE _____ NAME PD HOLMES, GLEN STREET ADDRESS 3800 UNION RD. CITY-ST-ZIP MARIANNA FL 32446	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME VD RICHARDSON, VONDA STREET ADDRESS 2317-A LARUE CT. CITY-ST-ZIP TALLAHASSEE FL 32303	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME STD VARNER-ELEASE STREET ADDRESS 3806 UNION RD. CITY-ST-ZIP MARIANNA FL 32446	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 to an address, with all other like empowered.																													
SIGNATURE: _____ DATE: 07-02-01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													