

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2004 8:00 am
Secretary of State

09-14-2004 90003 023 ****61.25

DOCUMENT # N02000004196 1. Entity Name FLORIDA ALLIANCE FOR SAFE FOODS, INC.					
Principal Place of Business 2303 YORK DRIVE SARASOTA, FL 34238			Mailing Address PO BOX 21511 SARASOTA, FL 34276		
2. Principal Place of Business 629 PAYNE PKWY Suite, Apt. #, etc.		3. Mailing Address PO BOX 21511 Suite, Apt. #, etc.			
City & State SARASOTA FL		City & State SARASOTA FL		4. FEI Number NOT APPLICABLE	
Zip 34237	Country USA	Zip 34276	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOEHK, JASON A 2303 YORK DRIVE SARASOTA, FL 34238				7. Name and Address of New Registered Agent Name BOEHK, JASON A Street Address (P.O. Box Number is Not Acceptable) 629 PAYNE PARKWAY SARASOTA City FL Zip Code 34237	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jason Boehk</i></u> JASON BOEHK <u>9/7/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VT NAME STEFAN, TONY STREET ADDRESS 2325 ADMIRAL WAY CITY-ST-ZIP SARASOTA, FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME AXFORD, JEANETTE STREET ADDRESS 633 AVENIDA DE MAYO CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete		TITLE T NAME CRANDELL, JEANETTE STREET ADDRESS 633 AVENIDA DE MAYO CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME BOEHK, JASON A STREET ADDRESS 2303 YORK DRIVE CITY-ST-ZIP SARASOTA, FL 34238	<input type="checkbox"/> Delete		TITLE PD NAME BOEHK, JASON A STREET ADDRESS 629 PAYNE PARKWAY CITY-ST-ZIP SARASOTA FL 34237	<input checked="" 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 with an address, with all other like empowered.					
SIGNATURE: <u><i>Jason Boehk</i></u> JASON BOEHK <u>9/7/04</u> <u>(941) 362-3869</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					