2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# N02000009728

Entity Name: CHILDREN'S NUTRITION OF FLORIDA, INC.

Current Principal Place of Business:

152 DRAGONFLY DRIVE
JACKSONVILLE, FL 32259

New Principal Place of Business:

152 DRAGONFLY DRIVE
JACKSONVILLE, FL 32259 US

Current Mailing Address:

152 DRAGONFLY DRIVE
JACKSONVILLE, FL 32259

New Mailing Address:

152 DRAGONFLY DRIVE
JACKSONVILLE, FL 32259 US

FEI Number: 30-0135726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYBECK, NATALIE
5312 ATTLEBORO ST
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

TYBECK, NATALIE K
152 DRAGONFLY DRIVE
JACKSONVILLE, FL 32259 US

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: NATALIE TYBECK 04/21/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TYBECK, NATALIE
Address: 5312 ATTLEBORO ST
City-St-Zip: JACKSONVILLE, FL 32205

Title: D ( ) Delete
Name: MCBRIEN, PATRICK
Address: 7632 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete
Name: GODLINE, KATHY
Address: 9047 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: TYBECK, NATALIE
Address: 152 DRAGONFLY DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: GOODINE, KATHY
Address: 9047 SAN JOSE BLVD
City-St-Zip: JACKSONVILLE, FL 32218

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: NATALIE TYBECK D 04/21/2004
Electronic Signature of Signing Officer or Director Date