

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009728

FILED
Apr 27, 2008
Secretary of State

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

Current Principal Place of Business:

12412 SAN JOSE BLVD SUITE 304
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

152 DRAGONFLY DRIVE
SAINT JOHNS, FL 32259 US

Current Mailing Address:

12412 SAN JOSE BLVD SUITE 304
JACKSONVILLE, FL 32223 US

New Mailing Address:

152 DRAGONFLY DRIVE
SAINT JOHNS, 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 K
152 DRAGONFLY DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

TYBECK, NATALIE K
152 DRAGONFLY DRIVE
SAINT JOHNS, 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:

04/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D () Delete
Name: GOMES, HOLLIE
Address: 1810 JAKE LANE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: SMITH, SHERIE
Address: 12408 NESTING SWALLOW COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ROLANDELLI, KATHARINE
Address: 304 JOHNS CREEK PARKWAY
City-St-Zip: SAINT JOHNS, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 K. TYBECK

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date