

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004848

FILED
Apr 08, 2009
Secretary of State

Entity Name: THE FOOD PANTRY OF INDIAN RIVER COUNTY, INC.

Current Principal Place of Business:

2226 15TH AVE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2226 15TH AVE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 13-4301530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKIE, THOMAS
1205 MARINA VILLAGE CIRCLE
APT 401
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: TURNER, SCOTT
Address: 112 28TH COURT
City-St-Zip: VERO BEACH, FL 32963

Title: V () Delete
Name: BEATTY, COLLEEN
Address: 815 66TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: D () Delete
Name: LATIMER, JOHN
Address: 480 9TH PLACE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: MUIR, LORETTA
Address: 1435 30TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: P () Delete
Name: MACKIE, THOMAS
Address: 1205 MARINA VILLAGE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: CLARK, RICHARD
Address: 2285 4TH PLACE E
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: BEATTY, COLLEEN
Address: 815 66TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

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

Title: S (X) Change () Addition
Name: MADDEN, CHERYL
Address: 1950 S US HWY 1, #209
City-St-Zip: VERO BEACH, FL 32962

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

Title: T (X) Change () Addition
Name: MCLAIN, MARY
Address: 2244 5TH CT SE
City-St-Zip: VERO BEACH, FL 32962

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: THOMAS W MACKIE

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date