

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90364 045 ****61.25

DOCUMENT # N04000009135

1. Entity Name

THE CERES FOOD SOCIETY, INC.



Principal Place of Business

113 JUBILEE CIRCLE
DAYTONA BEACH, FL 32124

Mailing Address

113 JUBILEE CIRCLE
DAYTONA BEACH, FL 32124

60029880



04202006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEDROSIAN, SIRVART K
113 JUBILEE CIRCLE
DAYTONA BEACH, FL 32124

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
BEDROSIAN, SIRVART K
113 JUBILEE CIRCLE
DAYTONA BEACH, FL 32124

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
BEDROSIAN, GARY E
84 MORRIS AVENUE
WEST MILFORD, NJ 07480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
HAWKINS, LYNN DR.
504 BROOKFIELD TERRACE
DELAND, FL 32724

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #