

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04526

FILED
Jan 28, 2009
Secretary of State

Entity Name: COCONUT GROVE CRISIS FOOD PANTRY, INC.

Current Principal Place of Business:

3481 HIBISCUS STREET
P.O. BOX 33006
MIAMI, FL 33133

New Principal Place of Business:

3481 HIBISCUS STREET
MIAMI, FL 33133 US

Current Mailing Address:

3481 HIBISCUS STREET
P.O. BOX 33006
MIAMI, FL 33133

New Mailing Address:

3481 HIBISCUS STREET
MIAMI, FL 33133

FEI Number: 59-2507157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITE, DAVID DR
3523 MARLER AVE.
MIAMI, FL 33133 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: P () Delete
Name: WHITE, TESSIE C
Address: 3523 MARLER AVE
City-St-Zip: MIAMI, FL 33133 US

Title: V () Delete
Name: DICKASON, JOHN H
Address: 751 SOLDANO AVE
City-St-Zip: MIAMI, FL 33143

Title: S () Delete
Name: SIMS, ANDREW
Address: 800 NW 45 STREET
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: WHITE, DAVID DR
Address: 3523 MARLER AVE.
City-St-Zip: MIAMI, FL 33133 US

Title: D () Delete
Name: WILLIAMS, WENDELL
Address: 230 FLORIDA AVE
City-St-Zip: CORAL GABLES, FL 33133

Title: SD () Delete
Name: DANIELS, WILLIE G
Address: 14820 HARRISON CT
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: WILLIAMS, WENDELL
Address: 3800 OAK AVE
City-St-Zip: MIAMI, FL 33133 US

Title: SD (X) Change () Addition
Name: DANIELS, WILLIE G
Address: 14820 HARRISON STREET
City-St-Zip: MIAMI, FL 33176 US

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: DAVID A. WHITE

T

01/28/2009

Electronic Signature of Signing Officer or Director

Date