

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011108

FILED
Apr 27, 2006
Secretary of State

Entity Name: TWIN CITIES KITCHEN & OUTREACH CENTER, INC.

Current Principal Place of Business:

1612 OAKMONT CIRCLE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1612 OAKMONT CIRCLE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, JOHN D
1612 OAKMONT CIRCLE
NICEVILLE, FL 32578 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: D () Delete
Name: SULLIVAN, JOHN P
Address: 2413 ROBERTS DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: PETERSON, JOHN D
Address: 1612 OAKMONT CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: DEANGELIS, ROBERT J
Address: 23 BALMORAL DR.
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: SPENCE, FERROL
Address: 4019 13TH ST.
City-St-Zip: NICEVILLE, FL 32578

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P SULLIVAN

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date