

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008203

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** WEST ORANGE FOOD PANTRY INC.

**Current Principal Place of Business:**

452 PALM DR.  
OCOOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

452 PALM DR  
OCOOE, FL 34761

**New Mailing Address:**

**FEI Number:** 20-5321794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARTIGAS, KENNETH  
31917 ORANGE ST  
SORRENTO, FL 32776 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: PRES ( ) Delete  
Name: SARMIENTO, CARLOS  
Address: 22717 STALLION DRIVE  
City-St-Zip: SORRENTO, FL 32776

Title: DIR ( ) Delete  
Name: MILLER, ROGER  
Address: 668 BRUSHCREEK BLVD  
City-St-Zip: OCOOE, FL 34761

Title: DIR ( ) Delete  
Name: DAVID, BRALAND  
Address: POST OFFICE BOX 751  
City-St-Zip: OAKLAND, FL 34760

Title: DIR ( ) Delete  
Name: SUMAMPOW, PHIL  
Address: 120 MCKEY ST  
City-St-Zip: OCOOE, FL 34761

Title: DIR ( ) Delete  
Name: TORRES, ABE  
Address: 120 MCKEY ST  
City-St-Zip: OCOOE, FL 34761

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

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: CARLOS SARMIENTO

PRES

01/31/2009

Electronic Signature of Signing Officer or Director

Date