2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N07000002002

Entity Name: CHILD CARE FOOD PROGRAM FLORIDA SPONSORS ASSOCIATION, INC.

Current Principal Place of Business:

2801 N 17TH STREET
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2801 N 17TH STREET
TAMPA, FL 33605

New Mailing Address:

P.O. BOX 76486
TAMPA, FL 33675

FEI Number: 20-8518002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DYSON, ANGELINA
2801 N. 17TH STREET
TAMPA, FL 33605 US

Name and Address of New Registered Agent:

DYSON, ANGELINA
2331 W. LASALLE STREET
TAMPA, FL 33607 US

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: _____ 04/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DYSON, ANGELINA
Address: 5807 N. BLOSSOM AVENUE
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete
Name: ESCOBAR, SANDRA
Address: 9371 NW 38TH PLACE
City-St-Zip: SUNRISE, FL 33351

Title: SEC ( ) Delete
Name: HUFFMAN, ELIZABETH
Address: 2125 KAREN DRIVE
City-St-Zip: LUTZ, FL 33558

Title: TRES ( ) Delete
Name: GRAJALES, MARITZA
Address: 3625 WEST WATERS AVENUE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DYSON, ANGELINA
Address: 2331. LASALLE STREET
City-St-Zip: TAMPA, FL 33607

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: ANGELINA DYSON P 04/14/2008
Electronic Signature of Signing Officer or Director — Date