

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002002

FILED
Jan 23, 2009
Secretary of State

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:

10458 FLY FISHING STREET
RIVERVIEW, FL 33569

Current Mailing Address:

P.O. BOX 76486
TAMPA, FL 33675

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GRAJALES, MARITZA
10458 FLY FISHING STREET
TAMPA, FL 33569 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: MARITZA GRAJALES

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: ESCOBAR, SANDRA
Address: 1011 IVES DAIRY ROAD SUITE 105
City-St-Zip: MIAMI, FL 33179

Title: VP (X) Change () Addition
Name: HUFFMAN, ELIZABETH
Address: 2125 KAREN DRIVE
City-St-Zip: LUTZ, FL 33558

Title: SEC (X) Change () Addition
Name: HOMAN, DAISY
Address: 3353 WINDCHIME DRIVE
City-St-Zip: CLEARWATER, FL 33761

Title: TRES (X) Change () Addition
Name: GRAJALES, MARITZA
Address: 10458 FLY FISHING STREET
City-St-Zip: RIVERVIEW, FL 33569

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: SANDRA ESCOBAR

P

01/23/2009

Electronic Signature of Signing Officer or Director

Date