2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006350

Entity Name: DUNNELLON FOOD-4-KIDS INC.

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	93RD LANE I ON, FL 34432				
Current M	lailing Addre	ss:	New Maili	New Mailing Address:	
	93RD LANE I ON, FL 34432				
FEI Number	: 26-0461575	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
19783 SW	ON, CHARLES ' 93RD LANE I .ON, FL 3443:	RD.			
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD (ANDERSON, C 19783 SW 93F DUNNELLON,	RD LANE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (SEHECTER, S 7810 SW 1867 DUNNELLON,	H CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (REDD, CATHY 19915 SW 107 DUNNELLON,	TH PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (REDD, CATHY 19915 SW 107 DUNNELLON,	TH PL.	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition SCHECTER, JORDON 7810 SW 186TH CIR DUNNELLON, FL 34432	
Title: Name: Address: City-St-Zip:	D (SCHECTER, S 7810 SW 1861 DUNNELLON,	H CIR.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition TARKENTON, TOM 8928 SW 194TH COURT DUNNELLON, FL 34432	
Title: Name: Address: City-St-Zip:	VD (RUBINP, GER, 10946 N. AIRV CITRUS SPRIN	/AY LOOP	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition RUBINO, GERARD W 10946 N. AIRWAY LOOP CITRUS SPRINGS. FL. 34431	

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: CHARLES E. ANDERSON PRES 02/16/2009