## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008223

FILED Apr 07, 2009 Secretary of State

Entity Name: PINELLAS SCHOOL NUTRITION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

WALTER POWNALL SERVICE CENTER-FOOD SERVICE 11111 S BELCHER ROAD LARGO, FL 33773

Current Mailing Address: New Mailing Address:

WALTER POWNALL SERVICE CENTER-FOOD SERVICE 11111 S BELCHER ROAD LARGO, FL 33773

FEI Number: 61-1570511 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

APGAR, DENISE R

11111 S BELCHER RD

LARGO, FL 33773 US

FIX, REBECCA

11111 S BELCHER RD

LARGO, FL 33773 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: REBECCA FIX 04/07/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: SMITH, PAULA A Name: NILES, FRANCES ANN

 Name
 Name
 Name

 11111 S BELCHER RD
 Address:
 11111 S BELCHER RD

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 LARGO, FL 33773

Title: P ( ) Delete Title: VP (X) Change ( ) Addition Name: NILES, FRANCES ANN Name: STERN, QUENTIN

 Name:
 NILES, FRANCES AINN
 Name:
 STERRI, QUENTIN

 Address:
 11111 S BELCHER RD
 Address:
 11111 S BELCHER RD

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 LARGO, FL 33773

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 APGAR, DENISE
 Name:
 FIX, REBECCA

 Address:
 11111 S BELCHER RD
 Address:
 11111 S BELCHER RD

 City-St-Zip:
 LARGO, FL 33773
 City-St-Zip:
 LARGO, FL 33773

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: REBECCA FIX ST 04/07/2009