2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N08000009015

Entity Name: CARRABELLE FOOD PANTRY, INC.

Current Principal Place of Business:

102 AVE B SE
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

1810 LIGHTHOUSE RD.
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 26-3356138 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELL, MARY C
1810 LIGHTHOUSE RD.
CARRABELLE, FL 32322 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: STEPHENS, JULIE PASTOR
Address: 102 AVEB SE
City-St-Zip: CARRABELLE, FL 32322

Title: VP ( ) Delete
Name: NEEL, CINDY
Address: POB 797
City-St-Zip: CARRABELLE, FL 32322

Title: VP ( ) Delete
Name: COLLINS, MARK PASTOR
Address: POB 406
City-St-Zip: CARRABELLE, FL 32322

Title: SEC ( ) Delete
Name: ALLEN, TAMARA B
Address: POB 1089
City-St-Zip: CARRABELLE, FL 32322

Title: TRES ( ) Delete
Name: LOVELL, MARY C
Address: 1810 LIGHTHOUE RD.
City-St-Zip: CARRABELLE, FL 32322

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: MARY CLAIRE LOVELL TRES 01/13/2009

Electronic Signature of Signing Officer or Director — Date