

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2009
Secretary of State**

DOCUMENT# N08000009953

Entity Name: HAMILTON SCHOOL NUTRITION ASSOCIATION, INC.

Current Principal Place of Business:

4280 S W COUNTY ROAD 152
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

4280 S W COUNTY ROAD 152
JASPER, FL 32052

New Mailing Address:

FEI Number: 30-0512687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, IDA
4280 S W COUNTY ROAD 152
JASPER, FL 32052 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: P () Delete
Name: MCMILLIAN, RENELDA
Address: 2726 NW 27TH ST
City-St-Zip: JENNINGS, FL 32053

Title: P () Delete
Name: JAMES, VALERIE (ELECT)
Address: 717 16TH AVE NW
City-St-Zip: JASPER, FL 32052

Title: S () Delete
Name: TROUILLE, CAROL
Address: 1078 SOTHERN ST.
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS (X) Change () Addition
Name: MCMILLIAN, RENELDA PRES
Address: 2726 NW 27TH ST
City-St-Zip: JENNINGS, FL 32053

Title: MRS (X) Change () Addition
Name: JAMES, VALERIE PRES-EL
Address: 717 16TH AVE NW
City-St-Zip: JASPER, FL 32052

Title: MRS (X) Change () Addition
Name: TROUILLE, CAROL SECT
Address: 1078 SOUTHERN ST.
City-St-Zip: JENNINGS, FL 32053

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: RENELDA MCMILLIAN

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date