

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011100

FILED
Jan 17, 2011
Secretary of State

Entity Name: ST. LUCIE COUNTY SCHOOL NUTRITION ASSOCIATION, INC.

Current Principal Place of Business:

12051 COPPER CREEK DR
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

4204 OKEECHOBEE ROAD
FORT PIERCE, FL 34947

Current Mailing Address:

12051 COPPER CREEK DR
PORT ST. LUCIE, FL 34987

New Mailing Address:

4204 OKEECHOBEE ROAD
FORT PIERCE, FL 34947

FEI Number: 38-3797509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDERICKS, CHERYL
12051 COPPER CREEK DR
PORT ST. LUCIE, FL 34987 US

Name and Address of New Registered Agent:

JOHNSON, PATRICIA
1637 SE BERKSHIRE BLVD
PORT ST. LUCIE, FL 34952 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: PATRICIA JOHNSON

01/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: JOHNSON, PATRICIA
Address: 1637 SE BERKSHIRE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ELEC
Name: FRYMOYER, DARREN
Address: 4204 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: SECR
Name: KLIMEK, KAY
Address: 4901 PALMETTO DR.
City-St-Zip: FORT PIERCE, FL 34982

Title: T
Name: SIMMONS, ANNIE
Address: 5005 SAN DIEGO AVE
City-St-Zip: FT PIERCE, FL 34946

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA JOHNSON

MS

01/17/2011

Electronic Signature of Signing Officer or Director

Date