

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 13, 2012
Secretary of State**

DOCUMENT# N08000011100

Entity Name: ST. LUCIE COUNTY SCHOOL NUTRITION ASSOCIATION, INC.**Current Principal Place of Business:**4204 OKEECHOBEE ROAD
FORT PIERCE, FL 34947**New Principal Place of Business:****Current Mailing Address:**4204 OKEECHOBEE ROAD
FORT PIERCE, FL 34947**New Mailing Address:****FEI Number:** 38-3797509**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FRYMOYER, DARREN
4507 NW NASSAU CT
PORT ST. LUCIE, FL 34983 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
Name: ALLI, ANITA
Address: 4204 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: TRES
Name: MYEREZ, DELLA
Address: 4204 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

Title: SECR
Name: FREDERICKS, CHERYL
Address: 4204 OKEECHOBEE ROAD
City-St-Zip: FORT PIERCE, FL 34947

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: ANITA ALLI

PRES

12/13/2012

Electronic Signature of Signing Officer or Director

Date