## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000011477

FILED Mar 30, 2009 Secretary of State

Entity Name: SCHOOL NUTRITION ASSOCIATION OF PASCO, INC.

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

7227 LAND O' LAKES BOULEVARD LAND O' LAKES, FL 34638

Current Mailing Address: New Mailing Address:

7227 LAND O' LAKES BOULEVARD LAND O' LAKES, FL 34638

FEI Number: 30-0535510 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:

HAYNES, CAROL A 7227 LAND O' LAKES BOULEVARD LAND O' LAKES, FL 34638 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:

ATOKE.

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition Name: HAYNES, CAROL A Name: HAYNES, CAROL A

Address: 7227 LAND O' LAKES BOULEVARD Address: 7227 LAND O' LAKES BOULEVARD City-St-Zip: LAND O' LAKES, FL 34638 City-St-Zip: LAND O' LAKES, FL 34638

Title: P ( ) Delete Title: VP (X) Change ( ) Addition

Name: ZUNDEL, PAM Name: ZUNDEL, PAM

Address: 7227 LAND O' LAKES BOULEVARD Address: 7227 LAND O' LAKES BOULEVARD City-St-Zip: LAND O' LAKES, FL 34638 City-St-Zip: LAND O' LAKES, FL 34638

 $\label{eq:title:Title:ST} \mbox{Title:} \mbox{ST} \mbox{ ( ) Delete} \mbox{Title:} \mbox{S/T} \mbox{ ( X) Change ( ) Addition}$ 

Name: BURGESS, MARILYN Name: BURGESS, MARILYN

 Address:
 7227 LAND O' LAKES BOULEVARD
 Address:
 7227 LAND O' LAKES BOULEVARD

 City-St-Zip:
 LAND O' LAKES, FL 34638
 City-St-Zip:
 LAND O' LAKES, FL 34638

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: CAROL A. HAYNES PRES 03/30/2009