

ANNUAL REPORT

DOCUMENT # N17191

1. Entity Name
SOUTH COUNTY FOOD PANTRY, INC.



FILED
Jan 17, 2007 08:00 AM
Secretary of State

Principal Place of Business
800 SOUTH TAMiami TRAIL
VENICE, FL 34285

Mailing Address
790 S. TAMiami TR.
VENICE, FL 34285-3601



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0007133	<input checked="" type="checkbox"/>	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLF, JOHN
303 GONDOLA PARK DRIVE
VENICE, FL 34292

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: CD
NAME: MCCLELAND, JAMES REV.
STREET ADDRESS: 4730 HERON DR
CITY-ST-ZIP: VENICE, FL 34293

TITLE: VCD
NAME: CHERWA, JOAN
STREET ADDRESS: 319 CASTLE DR
CITY-ST-ZIP: NOKOMIS, FL 34275

TITLE: SD
NAME: DEVRIES, HELEN
STREET ADDRESS: 102 CALLE DEL PARADISO
CITY-ST-ZIP: VENICE, FL 34285

TITLE: TD
NAME: WOLF, JOHN
STREET ADDRESS: 303 GONDOLA PARK DRIVE
CITY-ST-ZIP: VENICE, FL 34292

TITLE: D
NAME: JOHNSON, NANCY
STREET ADDRESS: 241 DRAKE RD
CITY-ST-ZIP: VENICE, FL 34293

TITLE: D
NAME: SLOAN, RICHARD
STREET ADDRESS: 1107 HARBOR TOWNE WAY
CITY-ST-ZIP: VENICE, FL 34292

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01/17/07-80076-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Wolf* John R. Wolf

1/6/07

941-488-2369