

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17191

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** SOUTH COUNTY FOOD PANTRY, INC.

**Current Principal Place of Business:**

790 SOUTH TAMIAMI TRAIL  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

790 S. TAMIAMI TR.  
VENICE, FL 342853601

**New Mailing Address:**

**FEI Number:** 65-0007133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RYAN, MARY ELLEN  
19 GULF MANOR DRIVE  
VENICE, FL 34285 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: CD  
Name: MCCLELAND, JAMES REV  
Address: 4730 HERON DR  
City-St-Zip: VENICE, FL 34293

Title: D  
Name: DEBORAH, GIPPERT  
Address: 740 SAWRASS BRIDGE RD.  
City-St-Zip: VENICE, FL 34292

Title: VCD  
Name: GIPPERT, MICHAEL  
Address: 740 SAWGRASS BRIDGE RD  
City-St-Zip: VENICE, FL 34292

Title: TD  
Name: RYAN, MARY ELLEN  
Address: 19 GULF MANOR DR  
City-St-Zip: VENICE, FL 34285

Title: SD  
Name: JOAN, LILLY  
Address: 319 AUBURN WOODS CIR  
City-St-Zip: VENICE, FL 34292

Title: D  
Name: WILLIAMSON, TRUDY  
Address: 150 CIPRIANI WAY  
City-St-Zip: NORTH VENICE, FL 34275

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: MARY ELLEN RYAN

TD

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date