

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31693

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA FROZEN AND REFRIGERATED FOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1860 C COPPERSTONE DRIVE  
FLEMING ISLAND, FL 320034009 US

**New Principal Place of Business:**

**Current Mailing Address:**

1860 C COPPERSTONE DRIVE  
FLEMING ISLAND, FL 320034009 US

**New Mailing Address:**

**FEI Number:** 59-2997740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMAN, DONALD H  
1860 C COPPERSTONE DRIVE  
FLEMING ISLAND, FL 320034009 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: TD  
Name: AMTHOR, TERI  
Address: 6600 CORPORATE CENTER PARKWAY  
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: PD  
Name: SLAGLE, ED  
Address: 7900 BELFORT PARKWAY SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D  
Name: TAMAN, DONALD H  
Address: 1860 C COPPERSTONE DRIVE  
City-St-Zip: FLEMING ISLAND, FL 320034009 US

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: DONALD H TAMAN

D

02/16/2011

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

\_\_\_\_\_  
Date