


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N38735 1. Entity Name INTERFAITH FOOD PANTRY, INC.	
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Principal Place of Business 9530 STARKEY ROAD SEMINOLE, FL 33777 US	Mailing Address P O BOX 7071 SEMINOLE, FL 33775 US
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03132008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3028662	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TAYLOR, ROBERT W 4750 COVE CIRCLE N. #502 SAINT PETERSBURG, FL 33708
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**DO NOT WRITE
IN THIS SPACE**

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 Robert W. Taylor **Robert W. Taylor 03-17-08**
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, 2008**

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

U00000869828
04/09/08-80066-005 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLANIGAN, EDWARD B 9757 37TH ST N PINELLAS PARK, FL 34666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAYLOR, ROBERT W 4750 COVE CIRCLE, N., UNIT #502 SAINT PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS BAUR, ELAINE 10215 REGAL DRIVE, APT. #36 LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVENSON, STUART 11020 126TH TER LARGO, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BICKEL, PAT 11200 102 N AVE 61 SEMINOLE, FL 33778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 of this report.

Signature: Robert W. Taylor **ROBERT W. TAYLOR 03 17 08**