

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41805

FILED
Feb 22, 2005
Secretary of State

Entity Name: SUNCOAST HARVEST FOOD BANK, INC.

Current Principal Place of Business:

5829 EHREN CUTOFF
C.R. 583
LAND O'LAKES, FL 34639 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1613
LAND O'LAKES, FL 34639 US

New Mailing Address:

FEI Number: 59-3053011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUENZEL, DIANE V
4111 LAND O'LAKES BLVD
STE 302D
LAND O'LAKES, FL 34639 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: PD () Delete
Name: HAYES, TIM
Address: 21859 SR 54, STE 200
City-St-Zip: LUTZ, FL 33549 US

Title: VP () Delete
Name: MILLER, VALERIE K
Address: 27804 MILLER ROAD
City-St-Zip: DADE CITY, FL 33525 US

Title: SD () Delete
Name: LUCAS, JEFF
Address: 7136 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: TD () Delete
Name: SCHLEMAN, REBECCA
Address: 3100 E FLETCHER ROAD
City-St-Zip: TAMPA, FL 33613 US

Title: ED (X) Delete
Name: BUCK, KEN J
Address: 5829 EHREN CUTOFF
City-St-Zip: LAND O LAKES, FL 34639 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () Addition
Name: DAVIS, WILLIAM S
Address: 5829 EHREN CUTOFF
City-St-Zip: LAND-O'-LAKES, FL 34639 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM S. DAVIS

ED

02/22/2005

Electronic Signature of Signing Officer or Director

Date