2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N41805

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:

5829 EHREN CUTOFF
C.R. 583
LAND O'LAKES, FL 34638 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Chapter 119, 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 SCOTT DAVIS ED 01/05/2006

Electronic Signature of Signing Officer or Director — Date