

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41805

FILED  
Jul 25, 2008  
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 34638 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 1613  
LAND O'LAKES, FL 34639 US

## New Mailing Address:

5829 EHREN CUTOFF  
LAND O'LAKES, FL 34639 US

FEI Number: 59-3053011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 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: P ( ) Delete  
Name: KUENZEL, DIANE V  
Address: 4111 LAND O'LAKES BLVD  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: VP ( ) Delete  
Name: CLARKE, WENDY  
Address: 10841-B LITTLE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: T ( ) Delete  
Name: BREWER, STEVE  
Address: 3972 LAKE JOYCE DR  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: ED ( ) Delete  
Name: DAVIS, WILLIAM S  
Address: P.O. BOX 1613  
City-St-Zip: LAND O'LAKES, FL 34639 US

Title: S ( ) Delete  
Name: BRUCE, NORMA  
Address: P.O. BOX 2305  
City-St-Zip: DADE CITY, FL 33526 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: ED (X) Change ( ) Addition  
Name: ARB, SUZIE M  
Address: 5829 EHREN CUTOFF  
City-St-Zip: LAND O'LAKES, FL 34639 US

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

I hereby certify that the information supplied with this filing does not qualify 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: SUZIE ARB

ED

07/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date