


2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

FILED

04 SEP 20 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50008							
1. Entity Name AMERICA'S FOOD PARTNERSHIP, INC.							
Principal Place of Business 1725 MARSH RUN NAPLES, FL 34109 US			Mailing Address 1725 MARSH RUN NAPLES, FL 34109 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0347070			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HEWITT, PETER 1725 MARSH RUN NAPLES, FL 34109			Name BARBARA HEWITT				
			Street Address (P.O. Box Number is Not Acceptable) 1725 MARSH RUN				
			City NAPLES			Zip Code FL 34109	
			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 BARBARA HEWITT, P/S/T/D		<i>Barbara Hewitt</i>		DATE 9-17-04			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D CENTSITS, RICHARD 81 SEAGATE DRIVE #1601 NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D HEWITT, BARBARA 1725 MARSH RUN NAPLES, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HEWITT, PETER 1725 MARSH RUN NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300041222113 09/21/04--01067--004 **70.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSHON, JOHN 1659 CHINABERRY CT NAPLES, FL 34105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, LINDA 551 CHESTNUT STREET WABAN, MA 02468	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, PHILLIP 3255 TAMIAMI TRAIL NORTH NAPLES, FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMON, MARC 551 CHESTNUT STREET WABAN, MA 02468	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Barbara Hewitt</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BARBARA HEWITT, P/S/T/D		Date 9/17/04 Daytime Phone # (239) 598-9606			