

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50008

FILED
Apr 04, 2005
Secretary of State

Entity Name: AMERICA'S FOOD PARTNERSHIP, INC.

Current Principal Place of Business:

1725 MARSH RUN
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

1725 MARSH RUN
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0347070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEWITT, BARBARA
1725 MARSH RUN
NAPLES, FL 34109 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: VP/D (X) Delete
Name: CENSITS, RICHARD
Address: 81 SEAGATE DRIVE #1601
City-St-Zip: NAPLES, FL 34103

Title: PSTD () Delete
Name: HEWITT, BARBARA
Address: 1725 MARSH RUN
City-St-Zip: NAPLES, FL 34109 US

Title: D () Delete
Name: HUSHON, JOHN
Address: 1659 CHINABERRY CT
City-St-Zip: NAPLES, FL 34105

Title: D () Delete
Name: SIMON, LINDA
Address: 551 CHESTNUT STREET
City-St-Zip: WABAN, MA 02468

Title: D () Delete
Name: WOOD, PHILLIP
Address: 3255 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SIMON, MARC
Address: 551 CHESTNUT STREET
City-St-Zip: WABAN, MA 02468

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:

Title: VP/D (X) Change () Addition
Name: WOOD, PHILLIP
Address: 3255 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

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: BARBARA HEWITT

PST

04/04/2005

Electronic Signature of Signing Officer or Director

Date