

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50008

FILED
Mar 24, 2008
Secretary of State

Entity Name: AMERICA'S FOOD PARTNERSHIP, INC.

Current Principal Place of Business:

1130 RESERVE WAY
#104
NAPLES, FL 34105 US

New Principal Place of Business:

Current Mailing Address:

1130 RESERVE WAY
#104
NAPLES, FL 34105 US

New Mailing Address:

1130 RESERVE WAY
#104
NAPLES, FL 34105 US

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
1130 RESERVE WAY
#104
NAPLES, FL 34105 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/D () Delete
Name: HEWITT, PETER
Address: 1130 RESERVE WAY WAY #104
City-St-Zip: NAPLES, FL 34105 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: VP/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

Title: D/ST () Delete
Name: HEWITT, BARBARA
Address: 1130 RESERVE WAY #104
City-St-Zip: NAPLES, FL 34105

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: () 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 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: PETER HEWITT

P/D

03/24/2008

Electronic Signature of Signing Officer or Director

_____ Date