

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50008

FILED  
Mar 04, 2012  
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:**

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  
Name: HEWITT, PETER  
Address: 1130 RESERVE WAY #104  
City-St-Zip: NAPLES, FL 34105 US

Title: D  
Name: HUSHON, JOHN  
Address: 81 SEAGATE DRIVE, #1501  
City-St-Zip: NAPLES, FL 34103 US

Title: D  
Name: WELLS, ROBERT M  
Address: PO BOX 770005  
City-St-Zip: VANDERBILT BEACH, FL 341070005 US

Title: VP/D  
Name: WOOD, PHILLIP  
Address: 1265 CREEKSIDE PKWY, SUITE #400  
City-St-Zip: NAPLES, FL 34108 US

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

Title: D  
Name: WEATHERFORD, CHARLES  
Address: 1919 E CROWN POINTE  
City-St-Zip: NAPLES, FL 34112

I hereby 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 all other like empowered.

SIGNATURE: PETER HEWITT

P

03/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date