2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 05, 2005 8:00 am
Secretary of State
03-07-2005 90272 047 ****61.25

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02112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000002654

1. Entity Name
THE FOOD PANTRY OF GREEN COVE SPRINGS, INC.

Principal Place of Business	Mailing Address
1107 MARTIN LUTHER KING JR. GREEN COVE SPRINGS, FL 32043	PO BOX 696 GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2985082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, CHRISTOPHER S 400 ST. JOHNS AVENUE GREEN COVE SPRINGS, FL 32043	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VC RUSSELL, MEGONEGAL 589 HAWKES ISLAND DR GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James Gett PO Box 648 Green Cove Springs, Fl 32043 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BYERS, MAE 185 OAK DRIVE SOUTH GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD LOVELL, WYNEMA 900 CYPRESS ST GREEN COVE SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BURNS, VICKIE L 927 ARTHUR MOORE DR GREEN COVE SPRINGS, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hunter Camp PO Box 277 Green Cove Springs, Fl 32043 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PLOURDE, DONALD J 3748 CONSTANCIA DR GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOODIN, WILMA 5207 S HWY 17 GREEN COVE SPRINGS, FL 32043	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ Treas. 03-31-05 904-529-7144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #