


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 001 ****61.25

DOCUMENT # N93000002654					
1. Entity Name THE FOOD PANTRY OF GREEN COVE SPRINGS, INC.					
Principal Place of Business 1107 MARTIN LUTHER KING JR. GREEN COVE SPRINGS, FL 32043			Mailing Address PO BOX 696 GREEN COVE SPRINGS, FL 32043		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2985082				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <u>JAMES JETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>1107 MARTIN LUTHER KING JR.</u> <u>P.O. Box 696</u> City <u>GREEN COVE SPRINGS</u> FL Zip Code <u>32043</u>		
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 <u>James B. Jett</u> <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			DATE <u>1-24-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE C NAME JETT, JAMES STREET ADDRESS PO BOX 696 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete				
TITLE S NAME BYERS, MAE STREET ADDRESS 185 OAK DRIVE SOUTH CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete				
TITLE MD NAME LOVELL, WYNEMA STREET ADDRESS 900 CYPRESS ST CITY-ST-ZIP GREEN COVE SPRINGS, FL	<input type="checkbox"/> Delete				
TITLE VC NAME CAMP, HUNTER STREET ADDRESS PO BOX 277 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete				
TITLE TD NAME PLOURDE, DONALD J STREET ADDRESS 3748 CONSTANCIA DR CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete				
TITLE SD NAME GOODIN, WILMA STREET ADDRESS 5207 S HWY 17 CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Donald J. Plourde</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date <u>2-9-08</u>			Daytime Phone # <u>704-527-7144</u>		