

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004789

FILED
May 01, 2008
Secretary of State

Entity Name: SOUTH HILLSBOROUGH COMMUNITY CUPBOARD, INC.

Current Principal Place of Business:

201 14TH AVE. S.E.
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

201 14TH AVE. S.E.
RUSKIN, FL 33570 US

New Mailing Address:

FEI Number: 59-3432033 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ORTIZ, VANESSA L
201 14TH AVE. SE
RUSKIN, FL 33570 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: D () Delete
Name: TOMPKINS, BETTY JO
Address: 1706 SOUTH KINGS AVE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: ORTIZ, VANESSA
Address: 201 14TH AVE. SOUTH EAST STE. H
City-St-Zip: RUSKIN, FL 33570

Title: D (X) Delete
Name: IZAGUIRREE, JAVIER
Address: P.O. BOX 860
City-St-Zip: WIMAUMA, FL 33598

Title: D (X) Delete
Name: NIX, DEBBIE
Address: 8735 HENDERSON ROAD
City-St-Zip: TAMPA, FL 33634

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:

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: VANESSA ORTIZ

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date