

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90024 008 ****61.25

DOCUMENT # N99000002474

1. Entity Name

**CENTRAL FLORIDA COMMUNITY BREADBASKET,
INCORPORATED**



Principal Place of Business

**1525 IMMOKALEE
INTERCESSION CITY FL 33848**

Mailing Address

**P O BOX 735
INTERCESSION CITY FL 33848**

30017044

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

59-3542431

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

**MANGINI, JOHN
1590 NOCATEE STREET
INTERCESSION CITY FL 33848**

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

John Mangini

John Mangini

2/10/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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 ☐ Delete
NAME **MANGINI, JOHN**
STREET ADDRESS **1590 NOCATEE STREET**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **KREIDER, JAMES H**
STREET ADDRESS **1624 CHARITY STREET**
CITY-ST-ZIP **INTRCESSION FL 33848**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **FRISBIE, JOHN**
STREET ADDRESS **1640 CHARITY STREET**
CITY-ST-ZIP **INTERCESSION FL 33848**

TITLE ☒ Change ☒ Addition
NAME **TREASURER**
STREET ADDRESS **Irene Smith**
CITY-ST-ZIP **P.O. Box 133**
Intercession City FL 33848

TITLE ☐ Delete
NAME **EATON, JEANIE**
STREET ADDRESS **1490 NOCATEE**
CITY-ST-ZIP **INTERCESSION FL 33848**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **BUNDY, HENRY**
STREET ADDRESS **1670 SCHOOL STREET**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MOFFETT, ANDY**
STREET ADDRESS **1653 CHARITY STREET**
CITY-ST-ZIP **INTERCESSION FL 33848**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jeanie Eaton / Jeanie Eaton / Secretary

2/10/05

407433-4937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #