


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000002474 1. Entity Name CENTRAL FLORIDA COMMUNITY BREADBASKET, INCORPORATED	
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Principal Place of Business 1525 IMMOKALEE INTERCESSION CITY, FL 33848	Mailing Address P O BOX 735 INTERCESSION CITY, FL 33848
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3542431	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 MANGINI, JOHN 1590 NOCATEE STREET INTERCESSION CITY, FL 33848

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IN THIS SPACE**

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

Filing Fee is \$81.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANGINI, JOHN 1590 NOCATEE STREET INTERCESSION CITY, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KREIDER, JAMES H 1624 CHARITY STREET INTRCESSION, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, IRENE P.O. BOX 133 INTRCESSION, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EATON, JEANIE 1490 NOCATEE INTERCESSION, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUNDY, HENRY 1670 SCHOOL STREET INTERCESSION CITY, FL 33848
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOFFETT, ANDY 1653 CHARITY STREET INTERCESSION, FL 33848

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IN THIS SPACE**

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02/01/06-80017-003 61.25

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: Irene Smith **IRENE SMITH, TREAS.** 1-19-06 407-944-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #