2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2007 8:00 am Secretary of State

	ANN	JAL RE	PUKI			50	CICIA	II y U	ı Su	ic
DOCUMENT # N9900002474 1. Entity Name CENTRAL EL CRIPTA COMMUNITY PREADRASIZET						02	2-02-2007 9	90005 023	****61	.25
CENTRAL FLORIDA COMMUNITY BREADBASKET, INCORPORATED										
Principal Place of Business 1525 IMMOKALEE INTERCESSION CITY, FL 33848		PO	Mailing Address P O BOX 735 INTERCESSION CITY, FL 33848				400	08596		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt.	#, etc.	Si	Suite, Apt. #, etc.			01102007 C	hg-NP	CR2E037	(12/06)	
City & Stat	te	C	City & State			4. FEI Number 59-354243	31		_ 	plied For t Applicable
Zip Country		Zí	Zip		Certificate of Status Desired			_ \$8.75 Additional		
	6. Name and Address of C	Current Register	d Agent			7. Name and Address of New Registered Agent				
MANCINI	IOHN			Name						
MANGINI, JOHN 1590 NOCATEE STREET INTERCESSION CITY, FL 33848				Street A	Street Address (P.O. Box Number is Not Acceptable)					
	,									
				City		FL Zip Code				
	e named entity submits this state tions of registered agent.	ement for the purp	cose of changing its r	egistered office o	r register	red agent, or both, in	the State of Flo	orida. Iam fai	miliar with,	and accept
ine obliga	ions on egistered agent.									
SIGNATURE	Signature, typed or printed name of registr	ered agent and title if ag	opicable. (NOTE:	Registered Agent signs	tura required	d when reinstating)		DATE		
			9. Election Cam					ake check i	navahlo tr	
Filing Fee is \$61.25 Due by May 1, 2007			Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		AND DIRECTORS	5	11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE	P		☐ Delete	TITLE				ĺ	Change	☐ Addition
NAME STREET ADDRESS	MANGINI, JOHN			NAME STREET ADDRESS						
CITY-ST-ZIP	1590 NOCATEE STREET INTERCESSION CITY, FL			CITY-ST-ZIP						
TITLE	т		☐ Delete	TITLE				i	Change	Addition
NAME	KREIDER, JAMES H			NAME				•		
Street address	1624 CHARITY STREET			Street Address						
CITY-ST-ZIP	INTRCESSION, FL 33848	3		CITY-ST-ZIP	- (-				/	
TITLE	T EMITH IDENE		Delete	TITLE	5/7	TRENE S 1651 HOF	MITH	(☑ Change	Addition Addition
NAME STREET ADDRESS	SMITH, IRENE P.O. BOX 133			NAME STREET ADDRESS	_	1651 Hot	5€ ST		. 77-73	000
CITY-ST-ZIP	INTRCESSION, FL 3384	В		CITY-ST-ZIP]	ENTERCES	SION C	174, F.	L 33	844
TITLE	S		Delete	MILE	D	YCE MOFF	CET	1	Change	Addition
NAME	EATON, JEANIE			NAME		53 CHARL				
STREET ADDRESS CITY-ST-ZIP	1490 NOCATEE INTERCESSION, FL 338	48		STREET ADDRESS City-St-Zip		NTERCESS		FL	3384	8
TITLE	T	+0	☐ Delete	TITLE					Change	☐ Addition
NAME	BUNDY, HENRY		L Dence	NAME				,	creatige	[_] AUGUON
STREET ADDRESS	1			STREET ADDRESS						
CITY-ST-ZIP	INTERCESSION CITY, FL	33848		CITY-ST-ZIP						
TITLE	Т		☐ Delete	TILE					Change	Addition
NAME	MOFFETT, ANDY			NAME STREET ADDRESS						
CADELL TOURS	1653 CHARITY STREET									

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 cath; 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.

CITY-ST-ZIP

CITY-ST-ZIP

INTERCESSION, FL 33848

SIGNATURE Stene Smith	IRENE SMITH	1-22-07	407-944-08	95
SIGNATURÉ AND TYPED OR PRINTED !	Date	Daytime Phone #		