

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

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**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MANGINI, JOHN
STREET ADDRESS 1590 NOCATEE STREET
CITY-ST-ZIP INTERCESSION CITY, FL 33848

TITLE T
NAME KREIDER, JAMES H
STREET ADDRESS 1624 CHARITY STREET
CITY-ST-ZIP INTERCESSION, FL 33848

TITLE ST
NAME SMITH, IRENE
STREET ADDRESS 1651 HOPE ST
CITY-ST-ZIP INTERCESSION CITY, FL 33848

TITLE D
NAME MOFFET, JOYCE
STREET ADDRESS 1653 CHARITY ST
CITY-ST-ZIP INTERCESSION CITY, FL 33848

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

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

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01/28/08-90011-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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**

1-18-08

407-944-0895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #