

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002474

FILED
Jan 27, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA COMMUNITY BREADBASKET, INCORPORATED

Current Principal Place of Business:

1525 IMMOKALEE
INTERCESSION CITY, FL 33848

New Principal Place of Business:

Current Mailing Address:

P O BOX 735
INTERCESSION CITY, FL 33848

New Mailing Address:

FEI Number: 59-3542431

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGINI, JOHN
1590 NOCATEE STREET
INTERCESSION CITY, FL 33848 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: P () Delete
Name: MANGINI, JOHN
Address: 1590 NOCATEE STREET
City-St-Zip: INTERCESSION CITY, FL 33848

Title: T () Delete
Name: KREIDER, JAMES H
Address: 1624 CHARITY STREET
City-St-Zip: INTRCESSION, FL 33848

Title: ST () Delete
Name: SMITH, IRENE
Address: 1651 HOPE ST
City-St-Zip: INTERCESSION CITY, FL 33848

Title: D () Delete
Name: MOFFET, JOYCE
Address: 1653 CHARITY ST
City-St-Zip: INTERCESSION CITY, FL 33848

Title: T () Delete
Name: BUNDY, HENRY
Address: 1670 SCHOOL STREET
City-St-Zip: INTERCESSION CITY, FL 33848

Title: T () Delete
Name: MOFFETT, ANDY
Address: 1653 CHARITY STREET
City-St-Zip: INTERCESSION, FL 33848

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
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City-St-Zip:

Title: () Change () Addition
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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: IRENE SMITH

ST

01/27/2009

Electronic Signature of Signing Officer or Director

Date