

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

• PROFIT
CORPORATION
• ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050908

1. Corporation Name

FAITH IN THE KITCHEN, INC.

Principal Place of Business

**3205 FAWN HILL TR
TALLAHASSEE FL 32312**

Mailing Address

**3205 FAWN HILL TR
TALLAHASSEE FL 32312**

2. Principal Place of Business

21 2910 Kerry Forest Pkwy

2a. Mailing Address

Suite, Apt. #, etc.

22 A-5

City & State

23 TALLAHASSEE FL

Zip

24 32308

25 USA

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WHITESIDE, FAITH
3205 FAWN HILL TR
TALLAHASSEE FL 32312**

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

59-3452149

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P
WHITESIDE, FAITH
3205 FAWN HILL TR
TALLAHASSEE FL 32312**

TITLE ☐ DELETE

**V
INGRAM, ROBIN
3431 EDMONT TR
TALLAHASSEE FL**

TITLE ☐ DELETE

**ST
WALKER, CATHERINE
6600 TIM TAM TRAIL
TALLAHASSEE FL**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Jane Whiteside
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 2 1999 850-668-8600

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90009 010 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/98)