

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009953

**Entity Name:** HAMILTON SCHOOL NUTRITION ASSOCIATION, INC.

**Current Principal Place of Business:**

5683 US HIGHWAY 129 S  
SUITE 1  
JASPER, FL 32052

**Current Mailing Address:**

5683 US HIGHWAY 129 S  
SUITE 1  
JASPER, FL 32052 US

**FEI Number: 30-0512687**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DANIELS, IDA  
5683 US HIGHWAY 129 S  
SUITE 1  
JASPER, FL 32052 US

*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

**Officer/Director Detail :**

Title MRS.  
Name IDA, DANIELS L PRESIDENT  
Address PO BOX 781  
City-State-Zip: JASPER FL 32052

Title MR.  
Name JERMAINE, MORGAN SECT  
Address PO BOX 487  
City-State-Zip: JASPER FL 32052

Title MRS.  
Name PATTERSON, SALLIE P PRESIDENT-  
ELEC  
Address 3062 NW 86TH BLVD.  
City-State-Zip: JASPER FL 32052

*I hereby 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 all other like empowered.*

**SIGNATURE: IDA DANIELS**

**PRESIDENT**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date