

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000004670

Entity Name: NUTRITION INITIATIVE OF MANATEE, INC**Current Principal Place of Business:**610 W 40TH ST
PALMETTO, FL 34221**Current Mailing Address:**610 W 40TH ST
PALMETTO, FL 34221**FEI Number:** 85-0878424**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCHUGH, LESLIE
610 W 40TH ST
PALMETTO, FL 34221 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	P
Name	MCHUGH, LESLIE
Address	610 W 40TH ST
City-State-Zip:	PALMETTO FL 34221

Title	VP
Name	PRESTON, CARISSA
Address	610 W 40TH ST
City-State-Zip:	PALMETTO FL 34221

Title	SECRETARY
Name	SPRING, KELLIE
Address	610 W 40TH ST
City-State-Zip:	PALMETTO FL 34221

Title	SUPPORTING DIRECTOR
Name	JONI, OLSON
Address	610 W 40TH ST
City-State-Zip:	PALMETTO FL 34221

Title	SUPPORTING DIRECTOR
Name	TONYA, BELLAMY
Address	610 W 40TH ST
City-State-Zip:	PALMETTO FL 34221

Title	TREASURER
Name	DELLA, SELLERS
Address	610 W 40TH ST
City-State-Zip:	PALMETTO FL 34221

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: LESLIE MCHUGH

CEO

03/11/2021

Electronic Signature of Signing Officer/Director Detail_____
Date