

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000005058

**FILED**  
**Feb 24, 2023**  
**Secretary of State**  
**0868042858CC**

**Entity Name:** CORK COMMUNITY FOOD DISTRIBUTION INC

**Current Principal Place of Business:**

4815 W SAM ALLEN RD  
PLANT CITY, FL 33565

**Current Mailing Address:**

4815 W SAM ALLEN RD  
PLANT CITY, FL 33565 US

**FEI Number:** 86-3518720

**Certificate of Status Desired:** Yes

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

HATMAKER, GEORGE  
4815 W SAM ALLEN RD  
PLANT CITY, FL 33565 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 CEO  
Name HATMAKER, GEORGE  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name BAILEY, RON  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name RIGGS, GLENDA  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name NORRIS, DALLAS  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name VARGAS, ORLANDO  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name BAEZA, LUPE  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

Title D  
Name VAN OLSSTEN, CHUCK  
Address 4815 W SAM ALLEN RD  
City-State-Zip: PLANT CITY FL 33565

*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:** GEORGE HATMAKER

**CEO**

**02/24/2023**

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

\_\_\_\_\_  
Date