

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38735

Entity Name: INTERFAITH FOOD PANTRY, INC.**Current Principal Place of Business:**9530 STARKEY ROAD
SEMINOLE, FL 33777**Current Mailing Address:**P O BOX 7071
SEMINOLE, FL 33775 US**FEI Number:** 59-3028662**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SMITH, GLORIA J
9530 STARKEY ROAD
C/O INTERFAITH FOOD PANTRY
SEMINOLE, FL 33777 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:** GLORIA J SMITH

02/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	LEAZER, KEN
Address	P O BOX 7071
City-State-Zip:	SEMINOLE FL 33775

Title	TREASURER
Name	NAPOWSA, FRAN
Address	P O BOX 7071
City-State-Zip:	SEMINOLE FL 33775

Title	SECRETARY
Name	BURKE, KATHY
Address	8174 TERRACE GARDEN DR N 503
City-State-Zip:	SAINT PETERSBURG FL 33709

Title	OFFICER
Name	MEADE, SHARON
Address	P O BOX 7071
City-State-Zip:	SEMINOLE FL 33775

Title	CORRESPONDING SECRETARY
Name	SMITH, GLORIA J
Address	6551 SHORELINE DRIVE UNIT 6206
City-State-Zip:	SEMINOLE FL 33708

Title	DIRECTOR
Name	STEWART, MARGARET
Address	9530 STARKEY ROAD
City-State-Zip:	SEMINOLE FL 33775

Title	DIRECTOR
Name	HOWER, LANA
Address	9530 STARKEYROAD
City-State-Zip:	SEMINOLE FL 33775

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: GLORIA J SMITH**CORRESPONDENCE
SECRETARY**

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date