

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 28 1996 8:00 am
Secretary of State

DOCUMENT # 761785 (5)

1. Corporation Name
FOOD FOR THE POOR, INC.



Principal Place of Business: 550 SW 12TH AVE. BUILDING #4 DEERFIELD BEACH FL 33442
Mailing Address: 550 SW 12TH AVE. BUILDING #4 DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 02/11/1982
3a. Date of Last Report: 02/06/1995
4. FEI Number: 59-2174510
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22, 27
City & State: 23, 28
Zip: 24, 25 Country: 29, 30

9. Name and Address of Current Registered Agent
MAHFOOD, FERDINAND G.
550 S.W. 12TH AVENUE
BLDG. 4
DEERFIELD BEACH FL 33442

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 617.0502 and 617.1508, 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 617.0503, 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: PTD
NAME: MAHFOOD, FERDINAND G
STREET ADDRESS: 550 SW 12TH AVE BLDG 4
CITY-ST-ZIP: DEERFIELD BEACH FL
TITLE: D
NAME: BONINA, GRACE
STREET ADDRESS: 550 SW 12TH AVE BLDG 4
CITY-ST-ZIP: DEERFIELD BEACH FL
TITLE: D
NAME: CARDEN, WILLIAM
STREET ADDRESS: 550 SW 12TH AVE BLDG 4
CITY-ST-ZIP: DEERFIELD BEACH FL
TITLE: VSD
NAME: MAHFOOD, ROBIN G
STREET ADDRESS: 550 SW 12TH AVE BLDG 4
CITY-ST-ZIP: DEERFIELD BEACH FL
TITLE: D
NAME: RAMKISSOON, FR GREGORY
STREET ADDRESS: 550 SW 12TH AVE BLDG 4
CITY-ST-ZIP: DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

305-427-1111

CR2E037 (12/95)