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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33442-3110

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

3. Date Incorporated or Qualified: 02/11/1982
3a. Date of Last Report: 02/28/1996
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

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MAHFOOD, FERDINAND G	
STREET ADDRESS	550 SW 12TH AVE BLDG 4	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BONINA, GRACE	
STREET ADDRESS	550 SW 12TH AVE BLDG 4	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARDEN, WILLIAM	
STREET ADDRESS	550 SW 12TH AVE BLDG 4	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MAHFOOD, ROBIN G	
STREET ADDRESS	550 SW 12TH AVE BLDG 4	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMKISSOON, FR GREGORY	
STREET ADDRESS	550 SW 12TH AVE BLDG 4	
CITY - ST - ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chandiram, Pokardas	
1.3 STREET ADDRESS	7 Dominica Drive	
1.4 CITY - ST - ZIP	Kingston 5, Jamaica, West Indies	
2.1 TITLE	Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Marshik, Gary	
2.3 STREET ADDRESS	P.O. Box 37 (N/A)	
2.4 CITY - ST - ZIP	Canton, SD 57013	
3.1 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Dugas, Norm	
3.3 STREET ADDRESS	510 Black Point Rd.	
3.4 CITY - ST - ZIP	Prouts Neck, ME 04074	
4.1 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Price, David	
4.3 STREET ADDRESS	2600 NE 24th St.	
4.4 CITY - ST - ZIP	Lighthouse Point, FL 33064	
5.1 TITLE	Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Boyle, Most Rev. Paul	
5.3 STREET ADDRESS	Mandeville, Jamaica, West Indies	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ FERDINAND MAHFOOD, Pres 2/6/97 (954) 421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042854

CR2E037 (9/96)