

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761785

1. Entity Name

FOOD FOR THE POOR, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90075 014 ****70.00

Principal Place of Business

Mailing Address

550 SW 12TH AVE.
 BUILDING #4
 DEERFIELD BEACH FL 33442

550 SW 12TH AVE.
 BUILDING #4
 DEERFIELD BEACH FL 33442-3110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2174510

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHFOOD, FERDINAND G.
550 S.W. 12TH AVENUE
BLDG. 4
DEERFIELD BEACH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Most Rev. Paul Boyle	
STREET ADDRESS	20 Perth Road	
CITY-ST-ZIP	Mandeville, Jamaica W.I.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Normand Dugas	
STREET ADDRESS	86 Sunnybank Rd	
CITY-ST-ZIP	Cape Elizabeth, ME 04107	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fr. Burchell McPherson	
STREET ADDRESS	10 Olympic Way	
CITY-ST-ZIP	Kingston, Jamaica W.I.	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herb Moller	
STREET ADDRESS	26 Elm Street	
CITY-ST-ZIP	Wellesley, MA 02481	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Francis Issa	
STREET ADDRESS	316 E. Silver Palm Road	
CITY-ST-ZIP	Boca Raton, Fl 33432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *(Signature)* **SIGNATURE REQUIRED!** Mahfood **2/11/00** **954/427-2222**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Pres.** Date Daytime Phone #

CR2E037 (9/99)