

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90115 022 \*\*\*\*70.00

**DOCUMENT # 761785**

1. Entity Name

**FOOD FOR THE POOR, INC.**

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

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

**PRICE, DAVID T**  
**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

*David T. Price*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4-17-02*

**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	MAHOOD, ROBIN	
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	ISSA, FRANCIS	
STREET ADDRESS	PO BOX 470007	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, BURCHELL REV	
STREET ADDRESS	10 OLYMPIC WAY	
CITY-ST-ZIP	KINSTON JAMAICA WI	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Price, David T.	
STREET ADDRESS	550 SW 12th Ave BLDG 4	
CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pereira, Alvaro J.	
STREET ADDRESS	1968 Rotherham Way	
CITY-ST-ZIP	Atlanta, GA 30338	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLE, BISHOP PAUL	
STREET ADDRESS	20 Perth Road Box 8	
CITY-ST-ZIP	Mandeville, Jamaica W.I.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frade, Rt. Rev. Leopold	
STREET ADDRESS	525 NE 15th Street	
CITY-ST-ZIP	Miami, FL 33132	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kennedy, Todd P.	
STREET ADDRESS	1675 Palm Beach Lakes Blvd.	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maingot, Rhonda	
STREET ADDRESS	109 Frederick Street	
CITY-ST-ZIP	Port-of-Spain, Trinidad W.I.	

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:

*David T. Price* SECRETARY & DIRECTOR 4-17-02

954/  
 421-9399

CR2E037 (9/01)

BD106729

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DOCUMENT # 761785**

**#11 ADDITIONAL LIST OF OFFICERS/DIRECTORS**

Attachment

761785

D  
Lorden, Tom  
1819 Elmwood Road  
Rockford, IL 61103