


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90058 021 ****70.00

DOCUMENT # 761785
 1. Entity 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

40002880



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2174510

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PRICE, DAVID T
550 S.W. 12TH AVENUE
BLDG. 4
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David T. Price* DATE **1-4-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHFOOD, ROBIN 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kennedy, P. Todd 1675 Palm Beach Lakes Blvd. Ste 700 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONINA, GRACE 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rt. Rev. Leopold Frade 525 NE 15th St. Miami, FL 33132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISSA, FRANCIS PO BOX 470007 CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorden, Thomas A. 1819 Elmwood Rd. Rockford, IL 61103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, ALVARO J 1968 ROTHERHAM WAY ATLANTA, GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maingot, Rhonda 109 Frederick St. POS, Trinidad W.I. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKISSOON, FR GREGORY 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Most Rev. Lawrence A. Burke 21 Hopefield Ave P.O. Box 43 Kingston 6, Jamaica <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRICE, DAVID T 550 SW 12TH AVE. BLDG 4 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* DATE: **1-4-05** 954-421-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David T. Price, Secretary, Treasurer

Date Daytime Phone #