

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90175 038 \*\*\*\*70.00

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**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2174510**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MAHOOD, ROBIN 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BONINA, GRACE 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ISSA, FRANCIS PO BOX 470007 CELEBRATION FL 34747</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREIRA, ALVARO J 1968 ROTHERHAM WAY ATLANTA GA 30338</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RAMKISSOON, FR GREGORY 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD PRICE, DAVID T 550 SW 12TH AVE. BLDG 4 DEERFIELD BEACH FL 33442</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D The Rt. Rev. Leo Frade 525 NE 15th Street Miami, FL 33132</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Most Rev. Paul M. Boyle 20 Perth Road P.O. Box 8 Mandeville, Jamaica W.I.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D P. Todd Kennedy, Esq. 1675 Palm Beach Lakes Blvd Ste 700 West Palm Beach, FL 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Thomas A. Lorden 1819 Elmwood Road Rockford, IL 61103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rhonda Maingot 109 Frederick Street Port of Spain, Trinidad W.I.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Price, David T. 550 SW 12th Ave. Bldg 4 Deerfield Beach, FL 33442</b>	<input checked="" 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)(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:

*Price, David T.*

3/14/03

954-421-9399

CR2E037 (10/02)