

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 20, 2007  
Secretary of State

DOCUMENT# N35416

Entity Name: F.E.A.S.T., INC.

**Current Principal Place of Business:**

32764 US 19N  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2154  
PALM HARBOR, FL 34682 US

**New Mailing Address:**

FEI Number: 59-2981961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, WALTER A  
2298 MALCOLM DR.  
PALM HARBOR, FL 34684 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VAN VOORST, FORREST  
Address: 321 ARISTOLE ST  
City-St-Zip: DUNEDIN, FL 34698

Title: VPD ( ) Delete  
Name: ANDERSON, WALTER A  
Address: 2298 MALCOLM DR.  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: D ( ) Delete  
Name: THERESE, SABRE  
Address: 4079 PAVIA LANE  
City-St-Zip: SPRING HILL, FL 34606

Title: D ( ) Delete  
Name: STANEK, DOROTHY  
Address: 4158 CHESTERFIELD CIRCLE  
City-St-Zip: PALM HARBOR, FL 34683

Title: SEC ( ) Delete  
Name: ADAMSKI, JOSEPHINE  
Address: 608 BETMORE LANE  
City-St-Zip: OZONA, FL 34660

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SCHISEL, GRACE  
Address: 2383 NETHERLANDS DR  
City-St-Zip: CLEARWATER, FL 33763

Title: VPD (X) Change ( ) Addition  
Name: VAN VOORST, FORREST  
Address: 321 ARISTOTLE ST  
City-St-Zip: DUNEDIN, FL 34689 US

Title: D (X) Change ( ) Addition  
Name: THERESE, SABRE  
Address: 2580 NURSERY ROAD  
City-St-Zip: CLEARWATER, FL 33764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE SCHISEL

PD

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date