

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 17 AM 8:50

DOCUMENT # **N94000000027 (2)**

1. Corporation Name

**FOOD FOR THE POOR FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**550 S.W. 12TH AVE. DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/16/1993</b>	3a. Date of Last Report <b>03/11/1994</b>
4. FEI Number <b>APPLIED FOR</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PRICE, DAVID T  
550 S.W. 12 AVE.  
DEERFIELD BEACH FL 33442**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>PRICE, DAVID T</b>
STREET ADDRESS	<b>2600 N.E. 24 ST.</b>
CITY - ST - ZIP	<b>LIGHTHOUSE POINT FL 33064</b>
TITLE	<b>D</b>
NAME	<b>CAVNAR, JAMES</b>
STREET ADDRESS	<b>2670 N.E. 17 ST.</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL 33062</b>
TITLE	<b>D</b>
NAME	<b>BONINA, GRACE</b>
STREET ADDRESS	<b>812 HOLLOWAYS CIRCLE</b>
CITY - ST - ZIP	<b>DEERFIELD BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>CARDEN, WILLIAM</b>
STREET ADDRESS	<b>BOX 650 (N/A)</b>
CITY - ST - ZIP	<b>DIXFIELD ME 04224</b>
TITLE	<b>D</b>
NAME	<b>RAMKISSOON, FR. GREGORY</b>
STREET ADDRESS	<b>BOX 469 (N/A)</b>
CITY - ST - ZIP	<b>KINGSTON 6, JAMAICA, W.I.</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**David T. Price**

5/31/95

(Date)

305/427-2222

(Telephone #)