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**Secretary of State**

04-26-1999 90294 037 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000027

1. Corporation Name

FOOD FOR THE POOR FOUNDATION, INC.

423656 - 90294 - 37

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

Mailing Address  
 550 S.W. 12TH AVE.  
 DEERFIELD BEACH FL 33442



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 12/16/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
 65-0469691

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
 NAME PRICE, DAVID T  
 STREET ADDRESS 2600 N.E. 24 ST.  
 CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME CAVNAR, JAMES  
 STREET ADDRESS 2670 N.E. 17 ST.  
 CITY-ST-ZIP POMPANO BEACH FL 33062

2.1 TITLE  Change  Addition  
 2.2 NAME CAVNAR, JAMES  
 2.3 STREET ADDRESS 1431 S.W. 10th Street  
 2.4 CITY-ST-ZIP FORT LAUDERDALE FL 33312

TITLE D  DELETE  
 NAME BONINA, GRACE  
 STREET ADDRESS 612 HOLLOWES CIRCLE  
 CITY-ST-ZIP DEERFIELD BEACH FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME CARDEN, WILLIAM  
 STREET ADDRESS BOX 650 (N/A)  
 CITY-ST-ZIP DIXFIELD ME 04224

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME RAMKISSOON, FR. GREGORY  
 STREET ADDRESS BOX 469 (N/A)  
 CITY-ST-ZIP KINGSTON 6, JAMAICA, W.I.

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Robert Price* **SIGNATURE REQUIRED**

4/22/99 (954) 421-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)