


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

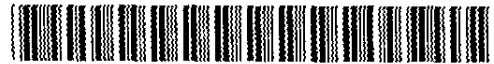
FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000027
 1. Entity Name
 FOOD FOR THE POOR FOUNDATION, INC.



Principal Place of Business 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442	Mailing Address 550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442
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04152004 No Chg-NP CR2E037 (10/03)

4. FEI Num/Let 65-0469691	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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

000000132540
 04/27/04 80051-015 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID T 550 S.W. 12TH AVENUE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONINA, GRACE 10105 UMBERLAND PL BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKISSOON, FR. GREGORY 1 MAHOE DR, BOX 267 KINGSTON 11, JAMAICA, W. I.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: David T. Price DATE: 4-15-04
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #