


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 6401 LYONS RD COCONUT CREEK, FL 33073	Mailing Address 6401 LYONS RD COCONUT CREEK, FL 33073
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DO NOT WRITE IN THIS SPACE



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 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
 6301 LYONS RD
 COCONUT CREEK, FL 33073

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PRICE, DAVID T
STREET ADDRESS	550 S.W. 12TH AVENUE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	BONINA, GRACE
STREET ADDRESS	10105 UMBERLAND PL
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	RAMKISSOON, FR. GREGORY
STREET ADDRESS	1 MAHOE DR. BOX 267
CITY-ST-ZIP	KINGSTON 11, JAMAICA, W. I.
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 exemptions contained 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 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* **David T. Price** **1/31/07** **954-421-9399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #