


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90050 001 ***140.00

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**

66000062



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01022008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
65-0469691

Applied For
 Not Applicable

City & State

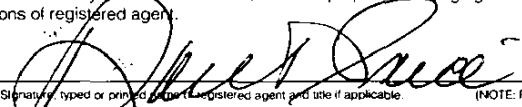
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PRICE, DAVID T
 6301 LYONS RD
 COCONUT CREEK, FL 33073**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
6401 Lyons Road
 City **Coconut Creek** **FL** Zip Code **33073**

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  DATE **1/7/08**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PRICE, DAVID T | |
| STREET ADDRESS | 550 S.W. 42TH AVENUE | |
| CITY-ST-ZIP | DEERFIELD BEACH, FL 33442 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BONINA, GRACE | |
| STREET ADDRESS | 10105 UMBERLAND PL | |
| CITY-ST-ZIP | BOCA RATON, FL 33428 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RAMKISSOON, FR. GREGORY | |
| STREET ADDRESS | 1 MAHOE DR. BOX 267 | |
| CITY-ST-ZIP | KINGSTON 11, JAMAICA, W. I., | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 6401 Lyons Road | |
| CITY-ST-ZIP | Coconut Creek, FL 33073 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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  DATE **1/7/08** DAYTIME PHONE # **954-421-9399**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR