

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P29812 (5)
1. Corporation Name
FREEDOM FROM HUNGER FOUNDATION, INC.



Principal Place of Business Mailing Address
1644 DAVINCI CT P. O. BOX 2000
P.O. BOX 2000 P.O. BOX 2000
DAVIS CA 95616 DAVIS CA 95617
US US

3. Date Incorporated or Qualified **06/19/1990** 3a. Date of Last Report **02/14/1995**
4. FEI Number **95-1647835** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
BROWN, STACEY DANIEL
110 SHEPERD TRAIL
LONGWOOD FL 32752-0632

10. Name and Address of New Registered Agent
81 Name **James M. Dunford**
82 Street Address (P.O. Box Number is Not Acceptable)
5510 Rigel Court
83
84 City **Atlantic Beach** FL 85 Zip Code **32233-4501**

11. Pursuant to the provisions of Sections 517.0502 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 *James M. Dunford* **James M. Dunford** **4/24/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DUNFORD, CHRISTOPHER	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	ASHE, JEFFREY	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARTON, PHILIP E	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WOODHOUSE, THOMAS	
STREET ADDRESS	1800 SAN ANTONIO	
CITY-ST-ZIP	BERKELEY CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VOR DER BRUEGGE, ELLEN	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCBURNEY, THOMAS R	
STREET ADDRESS	121 SOUTH EIGHTH ST	
CITY-ST-ZIP	MINNEAPOLIS MN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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05/13/96 01002-014
*****70.00**

DM 5-1-96

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 119.07(3)(k), 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: *Christopher Dunford* **4/11/96** **916-753-9073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)