

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29812 (5)
1. Corporation Name
FREEDOM FROM HUNGER FOUNDATION, INC.



Principal Place of Business 1644 DAVINCI CT P.O. BOX 2000 DAVIS CA 95616 US	Mailing Address P. O. BOX 2000 P.O. BOX 2000 DAVIS CA 95617-2000 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/19/1990	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 95-1647835	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DUNFORD, JAMES M. 5510 RIGEL COURT ATLANTIC BEACH FL 32233-4581		10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNFORD, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	1644 DAVINCI COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIS CA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHE, JEFFREY	2.2 NAME	
STREET ADDRESS	1644 DAVINCI COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIS CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, PHILIP E	3.2 NAME	
STREET ADDRESS	1644 DAVINCI COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIS CA	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODHOUSE, THOMAS	4.2 NAME	
STREET ADDRESS	1800 SAN ANTONIO	4.3 STREET ADDRESS	
CITY-ST-ZIP	BERKELEY CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOR DER BRUEGGE, ELLEN	5.2 NAME	
STREET ADDRESS	1644 DAVINCI COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIS CA	5.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBURNEY, THOMAS R	6.2 NAME	
STREET ADDRESS	121 SOUTH EIGHTH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Christopher Dunford* **CHRISTOPHER DUNFORD** 4/29/97 758-6200 (916)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0078414

CP2E037 (9/96)