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**Mar 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
1644 DAVINCI CT P.O. BOX 2000 DAVIS CA 95616 US		P.O. BOX 2000 P.O. BOX 2000 DAVIS CA 95617 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30

3. Date Incorporated or Qualified	06/19/1990	
4. FEI Number	95-1647835	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<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
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

TITLE	P	<input type="checkbox"/> DELETE
NAME	DUNFORD, CHRISTOPHER	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHE, JEFFREY	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	D	<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	CD	<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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CD McBurney, Thomas R.
6.3 STREET ADDRESS	1710 International Center - 900 2 nd Ave, So.
6.4 CITY-ST-ZIP	Minneapolis, MN 55402

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, President (530) 959-6200

CFR2037 (10/97)