


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90028 049 \*\*\*\*61.25

**DOCUMENT # P29812**  
 1. Entity 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 DAVIS, CA 95617 US
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40093352



**DO NOT WRITE IN THIS SPACE**

03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 95-1647835	Applied For Not Applicable
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5. Certificate of Status Desired **NO** \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DUNFORD, JAMES M.  
 5510 RIGEL COURT  
 ATLANTIC BEACH, FL 32233-4581

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNFORD, CHRISTOPHER 1644 DAVINCI COURT DAVIS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YOUNGBLOOD, LAWRENCE 1644 DAVINCI COURT DAVIS, CA 95616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, CHARLES V 1644 DAVINCI CT DAVIS, CA 95616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHESTON, SHEILA C 1644 DAVINCI CT DAVIS, CA 95616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VOR DER BRUEGGE, ELLEN 1644 DAVINCI COURT DAVIS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT CROOKS, EDWIN 1644 DAVINCI CT. DAVIS, CA 95616

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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: *Jean E. Sleehy* 4-25-06 531-758-6200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #