


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90635 022 ****70.00

DOCUMENT # P29812

1. Entity Name
FREEDOM FROM HUNGER FOUNDATION, INC.



Principal Place of Business Mailing Address

1644 DAVINCI CT **P. O. BOX 2000**
P.O. BOX 2000 **DAVIS CA 95617**
DAVIS CA 95616 **US**
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **95-1647835** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DUNFORD, JAMES M.
5510 RIGEL COURT
ATLANTIC BEACH FL 32233-4581

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	DUNFORD, CHRISTOPHER	
STREET ADDRESS	1644 DAVINCI COURT	
CITY-ST-ZIP	DAVIS CA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WASSON, WELDON H	
STREET ADDRESS	DAVINCI CT	
CITY-ST-ZIP	DAVIS CA 95616	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES V	
STREET ADDRESS	1644 DAVINCI CT	
CITY-ST-ZIP	DAVIS CA 95616	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHESTON, SHEILA C	
STREET ADDRESS	1644 DAVINCI CT	
CITY-ST-ZIP	DAVIS CA 95616	
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	1644 DAVINCI CT.	
CITY-ST-ZIP	DAVIS CA 95616	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	Board member	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *Christopher Dunford* 3-19-03 530-758-6200

CR2E037 (10/02)