

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 756490

**Entity Name:** FEEDING SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

2501 SW 32 TERRACE  
PEMBROKE PARK, FL 33023

**Current Mailing Address:**

2501 SW 32 TERRACE  
PEMBROKE PARK, FL 33023

**FEI Number:** 59-2097520

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VELEZ, FRANCISCO R  
2501 SW 32 TERRACE  
PEMBROKE PARK, FL 33023 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VELEZ, FRANCISCO  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            PREVIOUS BOARD CHAIR  
Name            SISKIND, HARRIS  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            DIRECTOR  
Name            BLOCK, MICHAEL  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            DIRECTOR  
Name            DEL CAMPO, HENRY  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            DIRECTOR  
Name            MCCABE, ROBERT  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            DIRECTOR  
Name            FLETCHER, WILLIAM  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            DIRECTOR  
Name            MELLGREN, CHRIS  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title            DIRECTOR  
Name            ALONSO, JOSE  
Address        2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCISCO VELEZ

**PRESIDENT AND CEO**

**03/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MURPHY, KELLY  
Address 2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR  
Name ZALKIN, GREG  
Address 2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR  
Name STOWE, STEVE  
Address 2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR  
Name ESPOSITO, MICHELLE  
Address 2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR  
Name PARKER, SCOTT  
Address 2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR  
Name FELIX, IGNACIO  
Address 2501 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR  
Name WICKY, STEPHANIE  
Address 2301 SW 32 TERRACE  
City-State-Zip: PEMBROKE PARK FL 33023