

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005394

**FILED**  
**Feb 17, 2014**  
**Secretary of State**  
**CC2532737447**

**Entity Name:** FOOD FOR THOUGHT OUTREACH, INC.

**Current Principal Place of Business:**

69 REDFISH CIRCLE  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

174 WATERCOLOR WAY  
STE 103-286  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 80-0734040

**Certificate of Status Desired:** No

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

SHELTON, TIFFANIE M  
69 REDFISH CIRCLE  
SANTA ROSA BEACH, FL 32459 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 EXECUTIVE DIRECTOR, OFFICER  
Name SHELTON, TIFFANIE M  
Address 69 REDFISH CIRCLE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title OFFICER  
Name FARNUM, HILARY  
Address 174 WATERCOLOR WAY  
STE 103-286  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title OFFICER  
Name BARKER, CHARLIE  
Address 174 WATERCOLOR WAY  
STE 103-286  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title OFFICER  
Name COTHRAN, ANNA  
Address 174 WATERCOLOR WAY  
STE 103-286  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name ROOS, HELEN  
Address 174 WATERCOLOR WAY  
STE 103-286  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name BARKER, MICHELE  
Address 174 WATERCOLOR WAY  
STE 103-286  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title DIRECTOR  
Name JACKSON, PENNY  
Address 174 WATERCOLOR WAY  
STE 103-286  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** TIFFANIE M SHELTON

**EXECUTIVE DIRECTOR**

**02/17/2014**

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

\_\_\_\_\_  
Date