

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005741

Entity Name: FEEDING WITH HOPE, INC.**Current Principal Place of Business:**217 E. AZTEC AVE
CLEWISTON, FL 33440**Current Mailing Address:**846 SWEET LAKE CIR.
CLEWISTON, FL 33440**FEI Number:** 46-5725494**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**POSADAS CRUZ, JAVIER O
217 E. AZTEC AVE
CLEWISTON, FL 33440 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, CEO
Name	POSADAS, JAVIER O
Address	846 SWEET LAKE CIRCLE
City-State-Zip:	CLEWISTON FL 33440

Title	VP
Name	RODRIGUEZ, ZULLY
Address	5806 COLDWATER CYN # 6
City-State-Zip:	VALLEY VILLAGE CA 91607

Title	TREASURER
Name	POSADAS, HEIDY
Address	846 SWEET LAKE CIRCLE
City-State-Zip:	CLEWISTON FL 33440

Title	SECRETARY
Name	CERDA, YOLANDA
Address	861 TWIN LAKES
City-State-Zip:	CLEWISTON FL 33440

Title	DIRECTOR, PUBLIC RELATIONS AND FUNDRAISING MANAGER
Name	REYES, KATHERINE
Address	1837 MATTHEW LOOP
City-State-Zip:	CLEWISTON FL 33440

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: POSADAS, JAVIER O**PRESIDENT/CEO****01/22/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date