

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400000027

**FILED**  
**Jan 07, 2016**  
**Secretary of State**  
**CC3459804552**

**Entity Name:** FOOD FOR THE POOR FOUNDATION, INC.

**Current Principal Place of Business:**

6401 LYONS RD  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6401 LYONS RD  
COCONUT CREEK, FL 33073

**FEI Number:** 65-0469691

**Certificate of Status Desired:** Yes

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

PRICE, DAVID TRA  
6401 LYONS RD  
COCONUT CREEK, FL 33073 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            D  
Name            PRICE, DAVID T ESQ.  
Address        6401 LYONS RD  
City-State-Zip: COCONUT CREEK FL 33073

Title            D  
Name            BONINA, GRACE  
Address        10105 UMBERLAND PL  
City-State-Zip: BOCA RATON FL 33428

Title            DIRECTOR  
Name            VERY REVEREND MONSIGNOR  
                  HONORABLE RAMKISSOON,  
                  GREGORY OJ  
Address        1 MAHOE DRIVE  
City-State-Zip: KINGSTON 11, JAMAICA XXXXX

*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:** DAVID T PRICE

**DIRECTOR**

**01/07/2016**

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

\_\_\_\_\_  
Date