

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761785

FILED
Jan 06, 2009
Secretary of State

Entity Name: FOOD FOR THE POOR, INC.

Current Principal Place of Business:

6401 LYONS RD
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

6401 LYONS RD
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 59-2174510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRICE, DAVID T ESQ
6401 LYONS RD
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAHFOOD, ROBIN
Address: 6401 LYONS RD
City-St-Zip: POMPANO BEACH, FL 33073

Title: D () Delete
Name: BONINA, GRACE,
Address: 10105 UMBERLAND PL
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: BENSON, BILL
Address: 6550 N FEDERAL HWY STE 410
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: PEREIRA, ALVARO J
Address: 848 BRICKELL AVE 604
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: RAMKISSOON, FR GREGO, RY
Address: 1 MAHOE DR
City-St-Zip: KINGSTON 11, JAMAICA, WI

Title: ST () Delete
Name: PRICE, DAVID T
Address: 6401 LYONS RD
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KENNEDY, TODD P,
Address: 1675 PALM BEACH LAKES BLVD SUITE 700
City-St-Zip: WEST PALM BEACH, FL 33401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID T. PRICE

OFF

01/06/2009

Electronic Signature of Signing Officer or Director

Date