
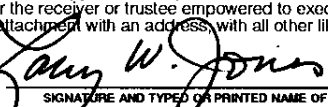


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90030 039 \*\*\*\*70.00

<b>DOCUMENT # F93000002756</b> 1. Entity Name <b>FEED THE CHILDREN, INC.</b>					
Principal Place of Business <b>P.O. BOX 36 OKLAHOMA CITY, OK 73101-0036</b>			Mailing Address <b>P.O. BOX 36 OKLAHOMA CITY, OK 73101-0036</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>73-6108657</b>	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GEEKER, VAN P IGLER &amp; DOUGHERTY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>POWERS, DWIGHT</b> <b>1300 IRVINE DR.</b> <b>EDMOND, OK 73034</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D</b> <b>Powers, Dwight</b> <b>1300 Irvine Dr.</b> <b>Edmond, OK 73034</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVENS, GEORGE</b> <b>11716 QUAIL CREEK RD</b> <b>OKLAHOMA CITY, OK 73120</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> <b>Stevens, George</b> <b>11716 Quail Creek Rd</b> <b>Oklahoma City, OK 73120</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JONES, FRANCES</b> <b>333 N. MERIDIAN AVE</b> <b>OKLAHOMA CITY, OK 73107</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S</b> <b>Jones, Frances</b> <b>333 N. Meridian Ave.</b> <b>Oklahoma City, OK 73107</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILCHRIST, PAT</b> <b>2001 ROLLING RIDGE</b> <b>BETHANY, OK 73008</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>England, Rick</b> <b>111 N. Broadway</b> <b>Hinton, OK 73047</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>JONES, LARRY W</b> <b>PO BOX 36</b> <b>OKLAHOMA CITY, OK 731010036</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Jones, Larry W.</b> <b>333 N. Meridian Ave.</b> <b>Oklahoma City, OK 73107</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUGG, DAN</b> <b>7200 NW 102ND</b> <b>OKLAHOMA CITY, OK</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Schulchter, Linda</b> <b>3028 Rosewood Lane</b> <b>Oklahoma City, OK 73120</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like powers.					
<b>SIGNATURE:</b> 			<b>Larry W. Jones, President</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

*Attachment*

Attachment 11

TITLE	D	Addition
NAME	Fundaro, Leo Jr.	
STREET ADDRESS	8004 NW 18th	
CITY-STATE-ZIP	Oklahoma City, OK 73127	

TITLE	D	Addition
NAME	Ward, Larry	
STREET ADDRESS	1032 W. Rim View Road	
CITY-STATE-ZIP	Payson, AZ 85541	

TITLE	D	Addition
NAME	Wyatt, C. Earnest	
STREET ADDRESS	610 NW 15th	
CITY-STATE-ZIP	Oklahoma City, OK 73103	

TITLE	V	Addition
NAME	Larri Sue Jones	
STREET ADDRESS	333 N. Meridian Ave.	
CITY-STATE-ZIP	Oklahoma City, OK 73107	

# F9300002756