## FILED Feb 13, 2006 8:00 am Secretary of State

| 2006 | <b>NOT-FOR-PROFIT CORPORATION</b> |
|------|-----------------------------------|
|      | ANNUAL REPORT                     |

| ANNUAL REPORT   |   |  |                  |                          |   |   | Secretary of State                               |                           |            |              |  |
|---|---|--|------------------|--------------------------|---|---|--|---------------------------|------------|--------------|--|
| DOCUMENT # F93000002756  1. Entity Name FEED THE CHILDREN, INC.   |   |  |                  |                          |   |   | 02-13-200  |                           | 044 ****   | 70.00        |  |
| Principal Place of Business<br>P.O. BOX 36<br>OKLAHOMA CITY, OK 73101-0036  |   | Mailing Address<br>P.O. BOX 36<br>OKLAHOMA CITY, OK 73101-0036 |                  |                          | 1 15 11 15 11 15 15 15 15 15 15 15 15 15            |   |  |                           |            |              |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |                  |                          |   |   |  |                           |            |              |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |                  |                          | 01182006  | Chg-NP                                      | CR2E03   | 7 (11/05)                 |            |              |  |
| City & State  |   | City & State   |                  |                          | 4. FEI Number Applied For 73-6108657 Not Applicable |   |  |                           |            |              |  |
| Zip   | Country   | Zip Cou  |                  | intry                    |   | 5. Certificate of Status Desired 🔀 \$8.     |  |                           |            | itional<br>I |  |
|   | 6. Name and Address of Current I                            | Registered Agent   |                  |                          | .,  | 7. Name and Address of New Registered Agent |  |                           |            |              |  |
| GEEKER.   | VAN P   |  |                  | Name                     |   |   |  |                           |            |              |  |
| IGLER & D   | OUGHERTY, P.A.<br>KAVENUE EAST                              |  | Street Address ( |                          |   | P.O. Box Number is Not Acceptable)          |  |                           |            |              |  |
| TALLAHAS  | SSEE, FL 32301  |  |                  |                          |   |   |  |                           |            |              |  |
|   |   |  | City             |                          |   | FL Zip Code                                 |  |                           |            |              |  |
| 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  Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |   |  |                  |                          |   |   |  |                           |            |              |  |
| Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Fin Trust Fund Contributio  |   |  |                  |                          |   | \$5.00 May Be<br>Added to Fees              | , ,  | Make check<br>orida Depar |            |              |  |
| 10.   | OFFICERS AND DIF  | RECTORS 11.  |                  |                          |   | ADDITIONS/CHA                               | NGES TO OFFIC                                    | ERS AND DI                | RECTORS IN | 10           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | CD<br>POWERS, DWIGHT<br>1300 IRVINE DR.<br>EDMOND, OK 73034 | ☐ Delete   |                  |                          | 800   | B. Fund<br>4 NW 181<br>ahoma Ci             | th Street  |                           | ☐ Change   | Addition     |  |
| TITLE   | TD  | ☐ Delete   | TITL             | <u></u>                  | D   |   |  |                           | ☐ Change   | X Addition   |  |
| NAME  | STEVENS, GEORGE   |  | NAM              | E                        | 1   | k Englan                                    | d  |                           |            |              |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 11716 QUAIL CREEK RD  |  |                  | ET ADORESS<br>- St - ZIP | 111   | N. Broa                                     | dway   |                           |            |              |  |
|   | OKLAHOMA CITY, OK 73120                                     |  | _                |                          | Hint  | on, OK                                      | 73047  |                           |            | <b>573</b>   |  |
| NAME  | VS<br>JONES,FRANCES   | ☐ Delete   | NAM              |                          | D   | da Schlue                                   | obtor  |                           | ☐ Change   | Addition     |  |
| STREET ADDRESS  | 333 N.MERIDIAN AVE  |  |                  | ET ADDRESS               | 250   | 9 S. Lyr                                    | unter<br>wood Ci                                 | rcie                      |            |              |  |
| CITY-ST-ZIP   | OKLAHOMA CITY, OK 73107                                     |  | CITY             | -ST-ZIP                  | Bro   | oken Arr                                    | ow, OK   | 74011                     |            |              |  |
| TITLE   | D   | ☐ Delete   | TITLE            | <u> </u>                 | D   |   |  |                           | ☐ Change   | X.Addition   |  |
| NAME  | GILCHRIST, PAT  |  | NAM              |                          | Dr.   | C. Earı                                     | nest Wya   | tt                        |            |              |  |
| STREET ADDRESS  | 2001 ROLLING RIDGE  |  |                  | ET ADDRESS               |   | 0 NW 39t                                    |  |                           |            |              |  |
| CITY-ST-ZIP   | BETHANY, OK 73008   |  |                  | -ST-ZIP                  | Oki   | klahoma City, OK 73122                      |  |                           |            |              |  |
| TITLE<br>NAME   | PD<br>JONES, LARRY W  | ☐ Deleie TITLE   |                  |                          |   |   |  |                           | ☐ Change   | ☐ Addition   |  |
| STREET ADDRESS 333 N MERIDIAN AVE   |   |  |                  | ET ADDRESS               |   |   |  |                           |            |              |  |
| CITY-ST-ZIP   | OKLAHOMA CITY, OK 73107                                     |  |                  | -ST-ZIP                  |   |   |  |                           |            |              |  |
| TITLE   | D   | ☐ Delete   | TITL             | E                        |   |   |  |                           | ☐ Change   | Addition     |  |
| NAME  | MUGG, DAN   |  | NAM              |                          |   |   |  |                           |            |              |  |
| STREET ADDRESS  | 7200 NW 102ND   |  |                  | ET ADORESS<br>-ST-ZIP    |   |   |  |                           |            |              |  |
|   |   |  |                  |                          | <u> </u>  |   | <b>=</b> 1 • 1 • • • • • • • • • • • • • • • • • |                           |            |              |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 |   |  |                  |                          |   |   |  |                           |            |              |  |

Larry W. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



40013262

405-942-0228 · Fax: 405-945-4177

Larry Jones

President

P.O. Box 36, Oklahoma City, OK 73101-0036

ftc@feedthechildren.org www.feedthechildren.org

February 9, 2006

Division of Corporations 2670 Executive Center Circle, Suite 100 Tallahassee, FL 32301

RE: 2005 Annual Report for Feed The Children, Inc. # F93000002756

Dear Sir or Madam:

Please find enclosed the following documents concerning the Annual Report for Feed The Children, Inc. #F93000002756.

- 1. 2005 Not-For-Profit Corporation Annual Report
- 2. Filing Fee of \$61.25
- 3. Certificate of Status Fee of \$8.75

I trust you will find everything in order. If you need further assistance or information please feel free to contact me at (405) 945-4168, write me at the above address or email me at peggy.neel@feedthechildren.org.

Sincerely yours,

Peggy S. Neel

Governance Services Officer

Enclosures

PSN: