


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State


04-27-2007 90214 020 ****70.00

DOCUMENT # F93000002756		
1. Entity Name FEED THE CHILDREN, INC.		

Principal Place of Business P.O. BOX 36 OKLAHOMA CITY, OK 73101-0036	Mailing Address P.O. BOX 36 OKLAHOMA CITY, OK 73101-0036
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40086807



04192007 Chg-NP CR2E037 (12/06)

4. FEI Number 73-6108657	Applied For
	Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GEEKER, VAN P IGLER & DOUGHERTY, P.A. 1501 PARK AVENUE EAST TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

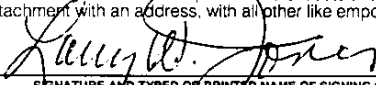
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD POWERS, DWIGHT <input type="checkbox"/> Delete 1300 IRVINE DR. EDMOND, OK 73034	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leo B. Fundaro, Jr. 8004 NW 18th Street Oklahoma City, OK 73127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete STEVENS, GEORGE 11716 QUAIL CREEK RD OKLAHOMA CITY, OK 73120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rick England 111 N Broadway Hinton, OK 73047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete JONES, FRANCES 333 N. MERIDIAN AVE OKLAHOMA CITY, OK 73107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Linda Schluchter 8509 S. Lynwood Circle Broken Arrow, OK 74011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GILCHRIST, PAT 2001 ROLLING RIDGE BETHANY, OK 73008	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dr. C. Earnest Wyatt 5930 NW 39th Expressway Oklahoma City, OK 73122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete JONES, LARRY W 333 N MERIDIAN AVE OKLAHOMA CITY, OK 73107	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MUGG, DAN 7200 NW 102ND OKLAHOMA CITY, OK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Larry W. Jones** **4-23-07** **405.942.0228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #