
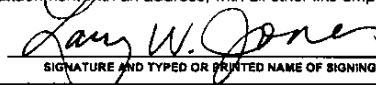


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90077 034 \*\*\*\*70.00

<b>DOCUMENT # F93000002756</b>					
<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 - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232008    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 73-6108657	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
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	
<b>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.</b>				FL    Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> CD <b>NAME</b> POWERS, DWIGHT <b>STREET ADDRESS</b> 1300 IRVINE DR. <b>CITY-ST-ZIP</b> EDMOND, OK 73034	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Leo B. Fundaro Jr. <b>STREET ADDRESS</b> 8004 NW 18th Street <b>CITY-ST-ZIP</b> Oklahoma City, OK 73127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> STEVENS, GEORGE <b>STREET ADDRESS</b> 11716 QUAIL CREEK RD <b>CITY-ST-ZIP</b> OKLAHOMA CITY, OK 73120	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Rick England <b>STREET ADDRESS</b> 111 N Broadway <b>CITY-ST-ZIP</b> Hinton, OK 73047	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VS <b>NAME</b> JONES,FRANCES <b>STREET ADDRESS</b> 333 N.MERIDIAN AVE <b>CITY-ST-ZIP</b> OKLAHOMA CITY, OK 73107	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Linda Schluchter <b>STREET ADDRESS</b> 8509 S. Lynwood Circle <b>CITY-ST-ZIP</b> Broken Arrow, OK 74011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GILCHRIST, PAT <b>STREET ADDRESS</b> 2001 ROLLING RIDGE <b>CITY-ST-ZIP</b> BETHANY, OK 73008	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Dr. Earnest Wyatt <b>STREET ADDRESS</b> 5903 NW 39t h Expressway <b>CITY-ST-ZIP</b> Oklahoma City, OK 73122	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> JONES, LARRY W <b>STREET ADDRESS</b> 333 N MERIDIAN AVE <b>CITY-ST-ZIP</b> OKLAHOMA CITY, OK 73107	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MUGG, DAN <b>STREET ADDRESS</b> 7200 NW 102ND <b>CITY-ST-ZIP</b> OKLAHOMA CITY, OK	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			<b>Larry W. Jones, President/4-23-08 405.942.0228</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		