

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 013 ****61.25

DOCUMENT # N02000003295

1. Entity Name
FEED MY PEOPLE, INC.



Principal Place of Business

**18350 NW 2ND AVE STE #401
MIAMI, FL 33169**

Mailing Address

**18350 NW 2ND AVE STE #401
MIAMI, FL 33169**



04132005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

73-1643072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OVIASOGIE, PHILIP
18350 NW 2ND AVE STE #401
MIAMI, FL 33169**

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IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME OVIASOGIE, PHILIP
STREET ADDRESS 18350 NW 2ND AVE STE #401
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME OVIASOGIE, PURIFICACION
STREET ADDRESS 18350 NW 2ND AVE STE #401
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME OVIASOGIE, GERALD
STREET ADDRESS 18350 NW 2ND AVE STE #401
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME MATTA, EDIA
STREET ADDRESS 18350 NW 2ND AVE STE #401
CITY-ST-ZIP MIAMI, FL 33169

TITLE D
NAME ANCILIEN, PASTOR TONY
STREET ADDRESS 18350 NW 2ND AVE STE #401
CITY-ST-ZIP MIAMI, FL 33169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip Oviasogie **PHILIP OVIASOGIE** 4/13/05 305 785-5727