

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

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**



03282008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000886123
04/18/08-80043-010 61.25

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	

**DO NOT WRITE
IN THIS SPACE**

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:

Philip Oviasogie **PHILIP OVIASOGIE** 4/4/08 305785-5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #