## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005417

Entity Name: FEEDING WITH COMPASSION, INC. **Current Principal Place of Business: New Principal Place of Business:** 5260 NW 55 BLVD APT 201 COCONUT CREEK, FL 33073 **Current Mailing Address: New Mailing Address:** P.O BOX 6102 FORT LAUDERDALE, FL 33310 FEI Number: 11-3643256 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TURNER, HORBY S 5260 NW 55 BLVD APT 201 COCONUT CREEK, FL 33073 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TURNER, HORBY Name: 5260 NW 55 BLVD, #201 Address: COCONUT CREEK, FL 33073 City-St-Zip:

Name: Address: City-St-Zip: Title: () Delete Title: () Change () Addition Name: MARSHALL, TWYLA Name: Address: 3339 NW 36 AVE Address: City-St-Zip: LAUDERDALE LAKES, FL 33312 City-St-Zip:

Title: ( ) Delete Title: () Change () Addition

MCFARLENE, DAPHANE Name: Name: Address: 730 NE STATE RD 7 Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HORBY TURNER DIR 03/25/2009

FILED Mar 25, 2009

Secretary of State