

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000009255

1. Entity Name

FEED THE HUNGRY AND HELP THE NEEDY, INC.



Principal Place of Business

930 WOODLAND AVE.
W. PALM BCH FL 33415

Mailing Address

930 WOODLAND AVE.
W. PALM BCH FL 33415

2. Principal Place of Business

Same
Suite, Apt #, etc.

3. Mailing Address

Same
Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

50-0008014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROYER, LEE
930 WOODLAND AVE.
W. PALM BCH FL 33415

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P TROYER, LEE
930 WOODLAND AVE.
W. PALM BCH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T ROCKWELL, CATHY
4121 COLT AVE
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T LEVINE, SUSAN
930 WOODLAND AVE
WEST PALM BEACH FL 33415 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T OSBORNE, DARLENE
4121 COLT AVE
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000054548
02/17/04-80001-001 61.25

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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:

Lee TROYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 5 - 04 1561-4718-214
Date Daytime Phone #