2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State
02-20-2007 90058 048 ****70.00

DOCUMENT # N02000009255

1. Entity Name
FEED THE HUNGRY AND HELP THE NEEDY, INC.

Principal Place of Business	Mailing Address
930 WOODLAND AVE. W. PALM BCH, FL 33415	930 WOODLAND AVE. W. PALM BCH, FL 33415

DO NOT WRITE IN THIS SPACE

01302007 No Chg-NP CR2E037 (4/05)

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TROYER, LEE
STREET ADDRESS	930 WOODLAND AVE.
CITY-ST-ZIP	W. PALM BCH, FL 33415
TITLE	T
NAME	[redacted] CHANGE: Moved out of State
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	LEVINE, SUSAN
STREET ADDRESS	930 WOODLAND AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	T
NAME	OSBORNE, DARLENE
STREET ADDRESS	4121 COLT AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	T
NAME	ROBERT G. NICHOLS
STREET ADDRESS	12-E. COUNTY RD.
CITY-ST-ZIP	ORANGE SPRINGS FL
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: Lee Troyer Jan 31 - 07 5746067645
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #