

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90007 011 \*\*\*\*70.00

**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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

*Same*

Suite, Apt. #, etc.

*Same*

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

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

*Lee Roy Troyer*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

*01-26-08*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TROYER, LEE	
STREET ADDRESS	930 WOODLAND AVE.	
CITY-ST-ZIP	W. PALM BCH FL 33415	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEVINE, SUSAN	
STREET ADDRESS	930 WOODLAND AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	T	<input type="checkbox"/> Delete
NAME	OSBORNE, DARLENE	
STREET ADDRESS	4121 COLT AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	T	<input type="checkbox"/> Delete
NAME	NICHOLS, ROBERT	
STREET ADDRESS	12-E COUNTY RD	
CITY-ST-ZIP	ORANGE SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*due 6/25  
8.75  
70.00  
check # 12  
2081*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Roy Troyer, President*

*01-26-08 4779241*