2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jul 25, 2005 8:00 am DOCUMENT # N02000009711 **Secretary of State** 1. Entity Name 07-25-2005 90095 016 ****61.25 THE HALLANDALE FOOD PANTRY INC. Principal Place of Business Mailing Address 220 SW 6TH AVE HALLANDALE FL 33009 815 MASH ST ANDALE FL 33009 2. Principal Place of Business 3. Mailing Address 815 NA Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SNOW, PAUL B Street Address (P.O. Box Number is Not Acceptable) 815 NASH ST HALLANDALE BEACH FL 33009 Zip Code FL 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 (NOTE Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIFLE Delete TITLE ☐ Change Addition SNOW, PAUL B NAME NAME 815 NASH ST STREET ADDRESS STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition BARON, CATHERINE NAME MAME 940 HILLCREST CT STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Detete TITLE ☐ Change ☐ Addition STERLING, MARTHA B NAME NAME 401 NW 103 AVE #252 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete DHE ☐ Change ☐ Addition PARKER, EDWARD NAME NAME 11 W HALLANDALE BEACH BLVD STREET ADDRESS STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition DUSSEAUX, LUC REV NAME NAME 220 SW 6TH AVE. STREET ADORESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Addition PIZZANO, IVETTE NAME NAME 728 SW 5TH CT STREET ADDRESS STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-ZIP CITY-ST-7IP 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

FILED