

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

02-09-2004 90033 005 *****61.25

DOCUMENT # N03000003612

1. Entity Name
WE FEED THE HUNGRY, INC.



Principal Place of Business
**4127-24TH AVE. SOUTH
ST. PETERSBURG, FL 33711**

Mailing Address
**4127-24TH AVE. SOUTH
ST. PETERSBURG, FL 33711**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

432015286

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CFRA, LLC.
ONE HARBOUR PLACE
777 S. HARBOUR ISLAND BLVD.
TAMPA, FL 33602-5730**

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

**Filing 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 **D** ☐ Delete
NAME **MCCLENDON, DONNIE**
STREET ADDRESS **4127-24TH AVE. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE **D** ☐ Delete
NAME **MCCLENDON, BARBARA**
STREET ADDRESS **4127-24TH AVE. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE **D** ☐ Delete
NAME **GRAY, KENDRICK**
STREET ADDRESS **4127-24TH AVE. SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Barbara McClendon* *Barbara McClendon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

Date Daytime Phone #

Attachment

00417556

No 3000003612

This information has been
filed once, but did not have
FEI Number. All fees have
been paid and should be on
record. This is a new report
with the FEI number

432015286

432015286

Don Miller