## 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000003612

City-St-Zip:

ST. PETERSBURG, FL 33711

FILED Oct 04, 2005 Secretary of State

Entity Name: WE FEED THE HUNGRY, INC. **Current Principal Place of Business: New Principal Place of Business:** 4127-24TH AVE. SOUTH ST. PETERSBURG, FL 33711 **Current Mailing Address: New Mailing Address:** 4127-24TH AVE. SOUTH ST. PETERSBURG, FL 33711 FEI Number: 43-2015286 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CFRA, LLC MCCLENDON, DONNIE CORPORATE CENTER THREE AT INT'L PLAZA 4127 24TH AVENUE SOUTH 4221 W. BOY SCOUT BLVD, 10TH FLOOR US ST. PETERSBURG, FL 33711 TAMPA, FL 336075736 US 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. SIGNATURE: DONNIE MCCLENDON 10/04/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCCLENDON, DONNIE Name: Name: 4127-24TH AVE. SOUTH Address: Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: Title: () Delete Title: () Change () Addition MCCLENDON, BARBARA Name: Name: Address: 4127-24TH AVE. SOUTH Address: City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: Title: () Delete Title: () Change () Addition GRAY, KENDRICK Name: Name: 4127-24TH AVE. SOUTH Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DONNIE MCCLENDON PRES 10/04/2005