2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N04000005862

Entity Name: END CHILDHOOD HUNGER, INC.

Current Principal Place of Business:

1080 W. TROPICAL WAY
PLANTATION, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

1080 W. TROPICAL WAY
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 20-2049660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARVER, MICHAEL
1080 W. TROPICAL WAY
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FARVER, MICHAEL	
Address:	1080 W. TROPICAL WAY	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	VP	( ) Delete
Name:	FARVER, SUSAN	
Address:	1080 W. TROPICAL WAY	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	TREA	( ) Delete
Name:	FARVER, SUSAN	
Address:	1080 W. TROPICAL WAY	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	SEC	( ) Delete
Name:	FARVER, MICHAEL	
Address:	1080 W. TROPICAL WAY	
City-St-Zip:	PLANTATION, FL 33317 US	
Title:	DIR	( ) Delete
Name:	KREIG, EZRA	
Address:	16485 BRIDLEWOOD CIRCLE	
City-St-Zip:	DELRAY BEACH, FL 33445 US	
Title:	DIR	( ) Delete
Name:	HOWES, JOHN	
Address:	3291 NW 65TH STREET	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: MICHAEL FARVER P 02/09/2009

Electronic Signature of Signing Officer or Director — Date