

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # N05000001335

1. Entity Name
**FLORIDA ASSOCIATION OF HUNGER RELIEF
MINISTRIES INC.**



Principal Place of Business
**7820 CONGRESS STREET
NEW PORT RICHEY, FL 34653**

Mailing Address
**7820 CONGRESS STREET
NEW PORT RICHEY, FL 34653**



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|---------------------------------------|
| 4. FEI Number 86-1129847 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**CYPHER, LESTER
7820 CONGRESS STREET
NEW PORT RICHEY, FL 34653**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CYPHER, LESTER 7222 ORCHID LAKE RD. NEW PORT RICHEY, FL 34653 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KELM. GLEN 7820 CONGRESS STREET NEW PORT RICHEY, FL 34653 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAY, DAVID US HIGHWAY 19 NEW PORT RICHEY, FL 34652 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS CRUZ, MEGUEL 7820 CONGRESS STREET NEW PORT RICHEY, FL 34653 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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01/07/08-80014-004 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Lester Cypher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 (227) 815-0433
Date Daytime Phone #