

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2008
Secretary of State

DOCUMENT# N05000003461

Entity Name: THE WEST SIDE CHILDREN'S FEEDING MINISTRY, INC.

Current Principal Place of Business:

3705 SW 14 STREET
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

3705 SW 14 STREET
FORT LAUDERDALE, FL 33312 US

New Mailing Address:

FEI Number: 20-2629326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPOUX, JEAN R
3705 SW 14 STREET
FORT LAUDERDALE, FL 33312 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: DUPOUX, JEAN R
Address: 3705 SW 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP () Delete
Name: DUPOUX, ALIX A SR
Address: 3705 SW 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D () Delete
Name: DUPOUX, NAZEERA
Address: 3705 SW 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D () Delete
Name: DUPOUX, SANDY G
Address: 3705 SW 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D () Delete
Name: WARFORD, GARTH C
Address: 3705 SW 14 STREET
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: D () Delete
Name: RICHARD, LARSON
Address: 3619 DAVIE BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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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: JEAN R DUPOUX

P

03/08/2008

Electronic Signature of Signing Officer or Director

_____ Date