

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 28, 2007  
Secretary of State**

DOCUMENT# N05767

**Entity Name:** LOAVES AND FISHES SOUP KITCHEN, INC.

**Current Principal Place of Business:**

257 E. LEE ST  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1303  
PENSACOLA, FL 32596

**New Mailing Address:**

**FEI Number:** 59-2494440      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KUDER, JOHN P.  
257 E LEE ST  
PENSACOLA, FL 32503      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: VD      ( ) Delete  
Name: COLLINS, MIKE VP  
Address: 5908 SAUFLEY PINES CT.  
City-St-Zip: PENSACOLA, FL 32526

Title: PMD      ( ) Delete  
Name: HUMPHREYS, FREDERICK W PRESIDE  
Address: 7200 BAYSHORE DR.  
City-St-Zip: MILTON, FL 32583

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: FREDERICK W. HUMPHREYS

PMD

03/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date