

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000082

FILED
Apr 15, 2008
Secretary of State

Entity Name: FOOD SHELTER HEALTH MINISTRY INC.

Current Principal Place of Business:

11110 W OAKLAND PARK BLVD.
SUITE 377
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

11110 W OAKLAND PARK BLVD.
SUITE 377
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 05-0630569

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, MARSHA
11110 W OAKLAND PARK BLVD.
SUITE 377
SUNRISE, FL 33351 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: CEOP () Delete
Name: THOMPSON, MARSHA M
Address: 10455 N CENTRAL EXPRESS WAY SUITE 109-344
City-St-Zip: DALLAS, TX 75231 US

Title: TD () Delete
Name: THOMPSON, VENARD
Address: 11110 W. OAKLAND PARK BLVD. SUITE 377
City-St-Zip: SUNRISE, FL 33351 US

Title: SD () Delete
Name: SMITH, DAPHNE
Address: 11110 W OAKLAND PARK BLVD SUITE 377
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: WALKER, GRACE
Address: 11110 W. OAKLAND PARK BLVD. SUITE 377
City-St-Zip: SUNRISE, FL 33351 US

Title: D () Delete
Name: REME, PATRICK DR.
Address: 11110 W OAKLAND PARK BLVD. SUITE 377
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: BARTLETT, DAPHNE
Address: 11110 W OAKLAND PARK BLVD., SUITE 377
City-St-Zip: SUNRISE, FL 33351 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: SMITH, VENARD
Address: 11110 W. OAKLAND PARK BLVD. SUITE 377
City-St-Zip: SUNRISE, FL 33351 US

Title: TD (X) Change () Addition
Name: SMITH, DAPHNE
Address: 11110 W OAKLAND PARK BLVD SUITE 377
City-St-Zip: SUNRISE, FL 33351 US

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: MARSHA THOMPSON

PRES

04/15/2008

Electronic Signature of Signing Officer or Director

Date