2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N06000000082

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:

10455 N CENTRAL EXPRESS WAY
SUITE 109-344
DALLAS, TX 75231

FEI Number: 05-0630569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

THOMPSON, MARSHA
11110 W. OAKLAND PARK BLVD
SUITE 377
FLORIDA, FL 33351 US

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: _____ 02/11/2009
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:	D	( ) Delete
Name:	SMITH, VENARD	
Address:	11110 W. OAKLAND PARK BLVD. SUITE 377	
City-St-Zip:	SUNRISE, FL 33351 US	
Title:	D	( ) Delete
Name:	SMITH, DAPHNE	
Address:	11110 W OAKLAND PARK BLVD SUITE 377	
City-St-Zip:	SUNRISE, FL 33351 US	
Title:	D	( ) Delete
Name:	COOPER, GIRVAN G	
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:	( ) 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: MARSHA THOMPSON CEOP 02/11/2009
Electronic Signature of Signing Officer or Director — Date