

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 21, 2010**  
**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:**11110 W OAKLAND PARK BLVD.  
# 377  
SUNRISE, FL 33351 US**Current Mailing Address:**11110 W OAKLAND PARK BLVD.  
SUITE 377  
SUNRISE, FL 33351 US**New Mailing Address:**11110 W OAKLAND PARK BLVD.  
# 377  
SUNRISE, FL 33351 US**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  
#377  
SUNRISE, 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: MARSHA THOMPSON

02/21/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMPSON, MARSHA M  
Address: 11110 W. OAKLAND PARK BLVD. # 377  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: SMITH, VENARD  
Address: 11110 W. OAKLAND PARK BLVD. # 377  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: SMITH, DAPHNE  
Address: 11110 W OAKLAND PARK BLVD # 377  
City-St-Zip: SUNRISE, FL 33351 US

Title: D  
Name: COOPER, GIRVAN G  
Address: 11110 W. OAKLAND PARK BLVD. # 377  
City-St-Zip: SUNRISE, FL 33351

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

Title: D  
Name: HAMILTON, ALEX  
Address: 11110 W OAKLAND PARK BLVD., # 377  
City-St-Zip: SUNRISE, FL 33351 US

I hereby 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 all other like empowered.

SIGNATURE: MARSHA THOMPSON

P

02/21/2010

Electronic Signature of Signing Officer or Director

Date