

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008463

FILED
Apr 06, 2007
Secretary of State

Entity Name: FEASTING WITH THE FATHER, INC.

Current Principal Place of Business:

7956 ASHNICK LANE
LAUREL HILL, FL 32567

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 87
LAUREL HILL, FL 32567

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERLAIN, LAURA L
7956 ASHNICK LANE
LAUREL HILL, FL 32567 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: DPT () Delete
Name: CHAMBERLAIN, LAURA L
Address: 7956 ASHNICK LANE
City-St-Zip: LAUREL HILL, FL 32567

Title: DVP () Delete
Name: DEAN, GEORGINA
Address: 5888 HOUSTON LANE
City-St-Zip: CRESTVIEW, FL 32539

Title: DS () Delete
Name: MATHIS, CHRIS
Address: 544 NORTH MAIN STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: GILLIS, AMY
Address: 6102 WEST DOGWOOD DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: WILLIAMS, WILLIE E
Address: 3761 NEW EBENEZER ROAD
City-St-Zip: LAUREL HILL, FL 32567

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 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: LAURA L CHAMBERLAIN

DPT

04/06/2007

Electronic Signature of Signing Officer or Director

Date