2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N06000008463

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: 20-5059672 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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 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 04/28/2009

Electronic Signature of Signing Officer or Director — Date