# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 02, 2009**
**Secretary of State**

DOCUMENT# N08000003231

**Entity Name:** WILL HELP FOR FOOD INC.

**Current Principal Place of Business:**

10505 PELICAN DR.
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

10505 PELICAN DR.
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number: 26-1816796** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

LEHRMAN, DANIEL
10505 PELICAN DR.
WELLINGTON, FL 33414 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: PD ( ) Delete
Name: LEHRMAN, DANIEL
Address: 10505 PELICAN DR.
City-St-Zip: WELLINGTON, FL 33414

Title: VD ( ) Delete
Name: LAUTENBACK, JAN
Address: 800 CITRUS PLACE
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete
Name: NORBECK, EILEEN
Address: 10509 PELICAN DR.
City-St-Zip: WELLINGTON, FL 33414

Title: S ( ) Delete
Name: LEHRMAN, MARY
Address: 10505 PELICAN DR.
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: SANTORO, CHERYL
Address: 17243 42ND RD. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: LEHRMAN, DANIEL B MSW
Address: 10505 PELICAN DR.
City-St-Zip: WELLINGTON, FL 33414

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: DANIEL B. LEHRMAN MSW PD 07/02/2009

Electronic Signature of Signing Officer or Director — Date