

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004092

FILED
Apr 14, 2009
Secretary of State

Entity Name: DELIVERED FROM HUNGER INC.

Current Principal Place of Business:

749 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

749 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

749 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

749 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 26-2484509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUS, WILLIAM R
749 LITTLE WEKIVA CIRCLE
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: CLAUS, WILLIAM R
Address: 749 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: CLAUS, WILLIAM R
Address: 749 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T () Delete
Name: CLAUS, WILLIAM R
Address: 749 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLAUS, WILLIAM R
Address: 749 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: S (X) Change () Addition
Name: CLAUS, WILLIAM R
Address: 749 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: T (X) Change () Addition
Name: CLAUS, WILLIAM R
Address: 749 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: WILLIAM R. CLAUS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date