

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009657

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: FEED THE PEOPLE OF VOLUSIA COUNTY, INC

**Current Principal Place of Business:**

315 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

315 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 26-2839200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HOUNSOM, SUSAN  
315 FLAGLER AVE  
NEW SMYRNA BEACH FL, FL 32169 US

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

HOUNSOM, SUSAN  
315 FLAGLER AVE  
NEW SMYRNA BEACH, FL 32169 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: SUSAN HOUNSOM

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HOUNSOM, SUSAN  
Address: 315 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP, ( ) Delete  
Name: ST GEORGE, DANIEL R  
Address: 315 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: T,S ( ) Delete  
Name: ST GEORGE, DANIEL R  
Address: 315 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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

Title: P (X) Change ( ) Addition  
Name: ST GEORGE, DAN  
Address: 315 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: DAN ST GEORGE

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date