

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N10736</b>		
1. Entity Name <b>FOOD RELIEF INTERNATIONAL/SERVANTS OF CHARITY, INC.</b>		
Principal Place of Business <b>1175 SOUTH HWY US1 VERO BEACH, FL 32962</b>		Mailing Address <b>1175 S HWY US 1 VERO BEACH, FL 32962 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>JANKE, WALTER H T 1175 S HWY US 1 VERO BEACH, FL 32962</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MORREL-ARMSTRONG, R.	
STREET ADDRESS	2136 PORPOISE POINT LANE	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	DT	
NAME	JANKE, WALTER H MD	
STREET ADDRESS	1175 S HWY US 1	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	DS	
NAME	JANKE, LALITA M	
STREET ADDRESS	1175 SOUTH HWY US 1	
CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered		
SIGNATURE:  <b>Walter H. Janke, MD</b> 04-19-04 772-410-1101		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		