


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N10736 1. Entity Name FOOD RELIEF INTERNATIONAL/SERVANTS OF CHARITY, INC.	
--	---

Principal Place of Business 1175 SOUTH HWY US1 VERO BEACH, FL 32962	Mailing Address 1175 S HWY US 1 VERO BEACH, FL 32962 US
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent JANKE, WALTER H T 1175 S HWY US 1 VERO BEACH, FL 32962	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000344138 04/29/05-80125-002 61.25
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORREL-ARMSTRONG, R. 2136 PORPOISE POINT LANE VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JANKE, WALTER H MD 1175 S HWY US 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JANKE, LALITA M 1175 SOUTH HWY US 1 VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____