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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11060 (3)
Corporation Name

THE COOPERATIVE FEEDING PROGRAM, INC.

Principal Place of Business	Mailing Address
C/O PATRICIA MANTIS 1405 W BROWARD BLVD FT. LAUDERDALE FL 33312 US	C/O PATRICIA MANTIS P O BOX 302 FT. LAUDERDALE FL 33302-0302 US MARTI FORMAN P O Box 503 FT LAUD 33302

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-10/28/98--01088--013

3. Date Incorporated or Qualified: 09/12/1985
3a. Date of Last Report: 04/02/1998

21 Principal Place of Business	1405 W BROWARD BLVD	26 Mailing Address	P O Box 503
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State	Ft Laud FL	28 City & State	FT. LAUDERDALE FL
24 Zip	33312	29 Zip	33302
25 Country	BROWARD	30 Country	BROWARD

4. FEI Number: 59-2696451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

PHILLIPPI, WILLIAM C.
175 N.W. 1ST AVENUE
SUITE 2000
MIAMI FL 33128

10. Name and Address of New Registered Agent

81 Name: LOUIS ABEL / TRINITY
82 Street Address (P.O. Box Number is Not Acceptable): 11 SW 11th STREET
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33315

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE x [illegible] x Louis H. Abel, JR. 10/20/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MOCKLER, KIM		1.2 NAME	Yohe, Jim	
STREET ADDRESS	1615 S.W. 4TH CT.		1.3 STREET ADDRESS	7430 NW 42 Street	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Lauderhill, FL	
TITLE	S ADD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HOPPENSTEADT, ELLEN Susan Colburn D/S		2.2 NAME	Plumley, Melinda	
STREET ADDRESS	1273 SW 117 AVE 5921 NE 22 TER.		2.3 STREET ADDRESS	959 SE 6 Ave	
CITY-ST-ZIP	FT LAUDERDALE FL Ft Laud FL 33308		2.4 CITY-ST-ZIP	Deerfield Beach FL	
TITLE	D	☐ DELETE	3.1 TITLE	D/T	☐ Change ☒ Addition
NAME	GOLDBACH, KLAUS		3.2 NAME	Reitsma, Barbara	
STREET ADDRESS	4882 NW 66TH AVE		3.3 STREET ADDRESS	301 Fig Tree Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Plantation FL	
TITLE	D/P	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ABEL, REV. LOUIS D/P		4.2 NAME	Rader, Jay	
STREET ADDRESS	11 S.W. 11TH STREET		4.3 STREET ADDRESS	550 NW 66Ave	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	Plantation FL	
TITLE	D/VP	☐ DELETE	5.1 TITLE	NOBLE, Douglas D/T	☐ Change ☒ Addition
NAME	KISER, JOSEPH R		5.2 NAME		
STREET ADDRESS	3029 NW 120 WAY		5.3 STREET ADDRESS	720 NW 44th PLACE	
CITY-ST-ZIP	SUNRISE FL		5.4 CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, BROTHER PAUL		6.2 NAME		
STREET ADDRESS	P O BOX 1829 NA		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

10-26-98

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

x [illegible] 954-764-8073