

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90114 032 ****61.25

DOCUMENT # N11060

1. Entity Name

THE COOPERATIVE FEEDING PROGRAM, INC.

Principal Place of Business

**1405 W. BROWARD BLVD.
 FT. LAUDERDALE FL 33312
 US**

Mailing Address

**P.O. BOX 503
 FT. LAUDERDALE FL 33302
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2696451

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, LOUIS
 11 SW 11TH ST.
 FT. LAUDERDALE FL 33315**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **ABEL, REV. LOUIS**
 STREET ADDRESS **11 S.W. 11TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☒ Delete
 NAME **KILDEA, MARTIN**
 STREET ADDRESS **7625 SUNFLOWER DR**
 CITY-ST-ZIP **MARGATE FL 33083**

TITLE **DT** ☒ Change ☐ Addition
 NAME **Cagnetta, Andrew**
 STREET ADDRESS **5400 N.W. 21 Terrace**
 CITY-ST-ZIP **Fort Lauderdale, FL 33309**

TITLE **DVP** ☐ Delete
 NAME **TAPSCOTT, GALE**
 STREET ADDRESS **3970 NW 21 AVENUE**
 CITY-ST-ZIP **OAKLAND PARK FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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12. I 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 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 #

CR2E037 (9/01)