2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# N11060

Entity Name: THE COOPERATIVE FEEDING PROGRAM, INC.

Current Principal Place of Business:

1 NW 33 TERRACE
FORT LAUDERDALE, FL 333118460 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2696451 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DVP	( ) Delete
Name:	ABEL, REV. LOUIS	
Address:	11 S.W. 11TH ST.	
City-St-Zip:	FORT LAUDERDALE, FL 33315	
Title:	D	( ) Delete
Name:	BERRY, SANDY	
Address:	PO BOX 13079	
City-St-Zip:	FORT LAUDERDALE, FL 33316	
Title:	DP	( ) Delete
Name:	TAPSCOTT, GALE	
Address:	3970 NW 21 AVENUE	
City-St-Zip:	OAKLAND PARK, FL 33309	
Title:	DP	( ) Delete
Name:	CAGNETTA, ANDREW	
Address:	5400 NW 21 TERRACE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	COLE, JAMIE	
Address:	3107 STIRUVAN RD #300	
City-St-Zip:	FORT LAUDERDALE, FL 33312	
Title:	D	( ) Delete
Name:	FEINBERG, LOIS K	
Address:	4709 MONROE ST	
City-St-Zip:	HOLLYWOOD, FL 33021	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	TAPSCOTT, GALE	
Address:	3970 NW 21 AVENUE	
City-St-Zip:	OAKLAND PARK, FL 33309	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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 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: ANDREW CAGNETTA DP 01/07/2004

Electronic Signature of Signing Officer or Director — Date