

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11060

FILED
Jan 15, 2005
Secretary of State

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 (X)**

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: D () 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: D/P (X) Change () Addition
Name: FOSTER, JIM
Address: 4160 N W 23 COURT
City-St-Zip: BOCA RATON, FL 33431

Title: D/VP (X) Change () Addition
Name: BASSON, MARTIN
Address: 10963 N W 12 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CAGNETTA, ANDREW
Address: 5400 NW 21 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/T (X) Change () Addition
Name: WOLFER, ROBIN
Address: 40000 HOLLYWOOD BLVD. SUITE 400 N
City-St-Zip: HOLLYWOOD, FL 33021

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: JIM FOSTER

D/P

01/15/2005

Electronic Signature of Signing Officer or Director

Date