## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11060

FILED Feb 08, 2006 Secretary of State

Entity Name: THE COOPERATIVE FEEDING PROGRAM, INC.

Current Principal Place of Business: New Principal Place of Business:

1 NW 33 TERRACE 1 NW 33 TERRACE

FORT LAUDERDALE, FL 333118460 US FORT LAUDERDALE, FL 33311 US

Current Mailing Address: New Mailing Address:

P.O. BOX 503 1 N W 33 TERRACE

FT. LAUDERDALE, FL 33302 US FT. LAUDERDALE, FL 33311 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ABEL, LOUIS 11 SW 11TH ST.

FT. LAUDERDALE, FL 33315 US

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:

- Flateria Circular d'Arrel

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete Title: D/P (X) Change ( ) Addition Name: FOSTER, JIM Name: COLE, JAMIE ESQ.

 Name
 Colle, Javille Esq.

 Address:
 4160 N W 23 COURT
 Address:
 3107 STERLING ROAD

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:
 HOLLYWOOD, FL 33312

Title: D/VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BASSON, MARTIN
 Name:

 Address:
 10963 N W 12 DRIVE
 Address:

 City-St-Zip:
 CORAL SPRINGS, FL 33071
 City-St-Zip:

 Name:
 TAPSCOTT, GALE
 Name:
 KIND, MIKE

 Address:
 3970 NW 21 AVENUE
 Address:
 5312 NW 60 DRIVE

 City-St-Zip:
 OAKLAND PARK, FL 33309
 City-St-Zip:
 CORAL SPRINGS, FL 33067

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAGNETTA, ANDREW
 Name:

 Address:
 5400 NW 21 TERRACE
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33309
 City-St-Zip:

 Name:
 COLE, JAMIE
 Name:
 HORNER, BRENDA

 Address:
 3107 STIRUVAN RD #300
 Address:
 5701 W. SUNRISE BLVD.

 City-St-Zip:
 FORT LAUDERDALE, FL 33312
 City-St-Zip:
 FT. LAUDERDALE, FL 33313

Title: D/T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WOLFER, RÖBIN
 Name:

 Address:
 40000 HOLLYWOOD BLVD. SUITE 400 N
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33021
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MARTI FORMAN CEO 02/08/2006