2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N11060

Entity Name: THE COOPERATIVE FEEDING PROGRAM, INC.

Current Principal Place of Business:

1 NW 33 TERRACE
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1 N W 33 TERRACE
FT. LAUDERDALE, FL 33311 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:

FORMAN, MARTI
2757 S. OAKLAND FOREST DR. #201
OAKLAND PARK, FL 33309 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:	D	( ) Delete
Name:	COLE, JAMIE ESQ.	
Address:	3107 STERLING ROAD	
City-St-Zip:	HOLLYWOOD, FL 33312	
Title:	D/VP	( ) Delete
Name:	FARO, DOMENIC	
Address:	3500 GALT OCEAN DRIVE	
City-St-Zip:	FT. LAUDERDALE, FL 33308	
Title:	D/P	( ) Delete
Name:	ROCKINGHAM, PTOSHA	
Address:	10903 BLUE PALM STREET	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	CAGNETTA, ANDREW	
Address:	5400 NW 21 TERRACE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D/S	( ) Delete
Name:	KELLER, GEORGE	
Address:	1800 ELLER DRIVE	
City-St-Zip:	FT. LAUDERDALE, FL 33301	
Title:	D/T	(X) Delete
Name:	WARD, JAMES	
Address:	1 NW 33 TERRACE	
City-St-Zip:	FT. LAUDERDALE, FL 33311	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 01/18/2008
Electronic Signature of Signing Officer or Director — Date