

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11060

FILED
Jan 20, 2009
Secretary of State

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 ()

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: DVP () 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

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: D (X) Change () Addition
Name: KELLER, GEORGE
Address: 1800 ELLER DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33301

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

01/20/2009

Electronic Signature of Signing Officer or Director

Date