2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11060

FILED Jan 13, 2010 Secretary of State

Entity Name: THE COOPERATIVE FEEDING PROGRAM, INC.

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

1 NW 33 TERRACE

FORT LAUDERDALE, FL 33311 US

Current Mailing Address: New Mailing Address:

1 N W 33 TERRACE

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:

FORMAN, MARTI 2757 S. OAKLAND FOREST DR. #201 OAKLAND PARK, FL 33309 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: COLE, JAMIE ESQ.
Address: 3107 STERLING ROAD
City-St-Zip: HOLLYWOOD, FL 33312

Title: D/P

 Name:
 FARO, DOMENIC

 Address:
 3500 GALT OCEAN DRIVE

 City-St-Zip:
 FT. LAUDERDALE, FL 33308

Title:

Name: ROCKINGHAM, PTOSHA
Address: 10903 BLUE PALM STREET
City-St-Zip: PLANTATION, FL 33324

Title: D/T

Name: DEXTER, TRACEY

Address: 401 E LAS OLAS SUITE 1800 City-St-Zip: FORT LAUDERDALE, FL 33301

Title: [

 Name:
 KELLER, GEORGE

 Address:
 1800 ELLER DRIVE

 City-St-Zip:
 FT. LAUDERDALE, FL 33301

Title: D/VP

Name: BERGER, CLAIRE

Address: 5101 NW 21ST AVE SUITE 300 City-St-Zip: FT LAUDERDALE, FL 33309 US

I hereby 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 all other like empowered.

SIGNATURE: MARTI FORMAN CEO 01/13/2010