FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:22

DOCUMENT # **N12594** **(0)**

1. Corporation Name

THE SOUP KITCHEN, INC.

Principal Place of Business	Mailing Address
% W. LAWRENCE LARCHE 2255 GLADES RD., SUITE 319-A BOCA RATON FL 33431-4313	% W. LAWRENCE LARCHE 2255 GLADES RD., SUITE 319-A BOCA RATON FL 33431-4313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/17/1985**
3a. Date of Last Report: **04/01/1994**
4. FEI Number: **59-2628415** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

9. Name and Address of Current Registered Agent

LARCHE, W. LAWRENCE
ONE BOCA PLACE, STE 310A
2255 GLADES ROAD
BOCA RATON FL 33441

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HOST, SALLY	12 NAME	
STREET ADDRESS	2850 SE 5TH CIR, 24A	13 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LARCHE, KAY B.	22 NAME	
STREET ADDRESS	4953 PALM RIDGE BLVD.	23 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	CABLE, RICK	32 NAME	
STREET ADDRESS	1205 NW 13TH AVE.	33 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, WILLIAM	42 NAME	
STREET ADDRESS	740 HORIZON W.	43 STREET ADDRESS	
CITY ST ZIP	BOYNTON BCH FL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	SCHOENHOFER, DAVID	52 NAME	
STREET ADDRESS	108 NW 16TH ST	53 STREET ADDRESS	
CITY ST ZIP	DELRAY BEACH FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY I.
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois M. Host 4/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lois M. Host, P.D. 4/22/95 407/736-8613
Date

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