

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90017 029 \*\*\*\*61.25

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N12594</b>                        |  |
| <b>1. Entity Name</b><br>THE SOUP KITCHEN, INC. |                                                                                   |

|                                                                                       |                                                                           |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>8645 W. BOYNTON BEACH BLVD.<br>BOYNTON BEACH FL | <b>Mailing Address</b><br>P. O. BOX 741155<br>BOYNTON BEACH FL 33474-1155 |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                                   |                                              |
|-------------------------------------------------------------------|----------------------------------------------|
| <b>2. Principal Place of Business</b><br>8645 W. Boynton Bch Blvd | <b>3. Mailing Address</b><br>P.O. Box 741155 |
| Suite, Apt. #, etc.                                               | Suite, Apt. #, etc.                          |

|                                                |                                        |
|------------------------------------------------|----------------------------------------|
| <b>City &amp; State</b><br>Boynton Bch Florida | <b>City &amp; State</b><br>Boynton Bch |
| <b>Zip</b><br>33474-1155                       | <b>Country</b><br>U.S.A                |
| <b>Zip</b><br>33474-1155                       | <b>Country</b><br>U.S.A                |



MOORE CR2E037 (11/03)

|                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>6. Name and Address of Current Registered Agent</b><br>LARCHE, W. LAWRENCE<br>ONE BOCA PLACE, STE 319A<br>2255 GLADES ROAD<br>BOCA RATON FL 33441 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                        |                                                                                 |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-2628415                                                                     | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                                 |
| <b>7. Name and Address of New Registered Agent</b>                                                     |                                                                                 |
| Name                                                                                                   |                                                                                 |
| Street Address (P.O. Box Number is Not Acceptable)                                                     |                                                                                 |
| City                                                                                                   |                                                                                 |
| FL                                                                                                     | Zip Code                                                                        |

**8. 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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

|                                                              |                                                                                                                               |                                                                    |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2004</b> | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to</b><br><b>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                     |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br>VD         | <b>NAME</b><br>LESSER, BERTRAM<br><b>STREET ADDRESS</b><br>7248 FALLS ROAD EAST<br><b>CITY-ST-ZIP</b><br>BOYNTON BEACH FL 33437   | <input type="checkbox"/> Delete                       | <b>TITLE</b><br>PRES.<br>LOIS HOST<br><b>STREET ADDRESS</b><br>2850 S.E. 5th Cir 24A<br><b>CITY-ST-ZIP</b><br>Boynton Bch Fl. 33435 |
| <b>TITLE</b><br>VD         | <b>NAME</b><br>RUTSTEIN, STAN<br><b>STREET ADDRESS</b><br>12875 CORAL LAKES DRIVE<br><b>CITY-ST-ZIP</b><br>BOYNTON BEACH FL 33437 | <input checked="" type="checkbox"/> Delete            | <b>TITLE</b><br>MAURENE DIAZ<br><b>STREET ADDRESS</b><br>5409 WASHINGTON RD.<br><b>CITY-ST-ZIP</b><br>DELRAY FLORIDA 33484          |
| <b>TITLE</b><br>TD         | <b>NAME</b><br>CABLE, RICK<br><b>STREET ADDRESS</b><br>639 EAST OCEAN AVENUE #309<br><b>CITY-ST-ZIP</b><br>BOYNTON BCH FL         | <input checked="" type="checkbox"/> Delete            | <b>TITLE</b><br>RHODA FLISS<br><b>STREET ADDRESS</b><br>9869 LEMONWOOD DR.<br><b>CITY-ST-ZIP</b><br>BOYNTON BCH FLA 33437           |
| <b>TITLE</b><br>SD         | <b>NAME</b><br>HASTINGS, BERNARD<br><b>STREET ADDRESS</b><br>5542 MIRROR LAKES BLVD<br><b>CITY-ST-ZIP</b><br>BOYNTON BCH FL 33437 | <input type="checkbox"/> Delete                       | <b>TITLE</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                 |
| <b>TITLE</b><br>VD         | <b>NAME</b><br>CATALDI, AL<br><b>STREET ADDRESS</b><br>13831-C VIA FLORA<br><b>CITY-ST-ZIP</b><br>DELRAY BEACH FL 33484           | <input checked="" type="checkbox"/> Delete            | <b>TITLE</b><br>SIDNEY BINESTOCK<br><b>STREET ADDRESS</b><br>7351 LOMBARDY ST<br><b>CITY-ST-ZIP</b><br>Boynton Bch Fla 33437        |
| <b>TITLE</b><br>PD         | <b>NAME</b><br>RINALDA, ALMA<br><b>STREET ADDRESS</b><br>4578 PALOVERDE DR<br><b>CITY-ST-ZIP</b><br>BOYNTON BEACH FL 33436        | <input checked="" type="checkbox"/> Delete            | <b>TITLE</b><br>ANN TANEN<br><b>STREET ADDRESS</b><br>11208 ASPEN GLEN DR.<br><b>CITY-ST-ZIP</b><br>Boynton Bch Fla. 33437          |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Lois M. Host President 2.06.04 732-7595

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #