


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-07-2007 90014 027 ****61.25

DOCUMENT # N12594					
1. Entity Name THE SOUP KITCHEN, INC.					
Principal Place of Business 8645 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33474-1155 US		Mailing Address P. O. BOX 741155 BOYNTON BEACH FL 33474-1155 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2628415	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHERER, PHILIP 7276 TRENTING WAY BOYNTON BEACH FL 33437			7. Name and Address of New Registered Agent Name: RHODA FLISS Street Address (P.O. Box Number is Not Acceptable): 9869 LEMONWOOD DR. City: BOYNTON BEACH FL Zip Code: 33437		
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: Rhoda Fliss				DATE: 2-16-07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: P	NAME: HOWARD ROBIN	STREET ADDRESS: 7579 TRAPAIN LANE	CITY-STATE-ZIP: BOYNTON BEACH, FL 33437	TITLE: S	NAME: MIRANDA KLEE
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: P	NAME: BUSH, ARLENE	STREET ADDRESS: 11291 BARCA BLVD	CITY-STATE-ZIP: BOYNTON BEACH FL 33437	TITLE: D	NAME: ANN TAYLOR
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: P	NAME: FLISS, RHODA	STREET ADDRESS: 9869 LEMONWOOD DR	CITY-STATE-ZIP: BOYNTON BEACH FL 33437	TITLE: D	NAME: BETSY LONDON
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: D	NAME: YANKWITT, ARNOLD	STREET ADDRESS: 4832 ESEDRA CT	CITY-STATE-ZIP: LAKE WORTH FL 33467	TITLE: D	NAME: ED WATSON
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: VD	NAME: DAN KAPLOWITZ	STREET ADDRESS: 7415 MILITARY TR	CITY-STATE-ZIP: BOYNTON BEACH FL 33436	TITLE: D	NAME: JERRY NEVINS
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: VD	NAME: TANEN, ANN	STREET ADDRESS: 11208 ASPEN GLEN DR.	CITY-STATE-ZIP: BOYNTON BEACH FL 33437	TITLE: D	NAME: HELENE BARNETT
<input type="checkbox"/> Delete				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Rhoda Fliss				DATE: 2-16-07 (561) 369-5440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	