

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90015 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**

**DO NOT WRITE IN THIS SPACE**



01232008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2628415**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLISS, RHODA  
9869 LEMONWOOD DR.  
BOYNTON BEACH, FL 33437**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<b>RUBIN</b>
NAME	<b>ROBIN, HOWARD</b>	
STREET ADDRESS	<b>7579 TRAPAIN LN.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE	<b>V</b>	<b>ASNER, STEVE</b>
NAME	<b>DUSH, ARLENE</b>	<b>13038 MISTY GILBERTER</b>
STREET ADDRESS	<b>11291 BARCA BLVD</b>	<b>BOYNTON BEACH, FL 33437</b>
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	<b>DELAUX 33446 WAY</b>
TITLE	<b>P</b>	<b>FLISS, RHODA</b>
NAME	<b>FLISS, RHODA</b>	
STREET ADDRESS	<b>9869 LEMONWOOD DR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	
TITLE	<b>D</b>	<b>BARNETT, HELENE</b>
NAME	<b>YANKWITT, ARNOLD</b>	<b>7579 TRAPAIN LANE</b>
STREET ADDRESS	<b>4832 ESEDRA CT</b>	<b>LAKE WORTH, FL 33467</b>
CITY-ST-ZIP	<b>LAKE WORTH, FL 33467</b>	<b>BOYNTON 33472</b>
TITLE	<b>VD</b>	<b>KAPLOWITZ, DAN</b>
NAME	<b>KAPLOWITZ, DAN</b>	
STREET ADDRESS	<b>11211 S. MILITARY TRL.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>	
TITLE	<b>VD</b>	<b>TANEN, ANN</b>
NAME	<b>TANEN, ANN</b>	
STREET ADDRESS	<b>11208 ASPEN GLEN DR.</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33437</b>	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #