

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12594

FILED
Jan 27, 2009
Secretary of State

Entity Name: THE SOUP KITCHEN, INC.

Current Principal Place of Business:

8645 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 334741155 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 741155
BOYNTON BEACH, FL 334741155 US

New Mailing Address:

FEI Number: 59-2628415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D () Delete
Name: RUBIN, HOWARD
Address: 7579 TRAPAIN LN.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: V () Delete
Name: ASNER, STEVE
Address: 13038 MISTY GILBRALTER WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P () Delete
Name: FLISS, RHODA
Address: 9869 LEMONWOOD DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: BARNETTE, HELENE
Address: 7579 TRAPANI LANE
City-St-Zip: BOYNTON, FL 33472

Title: VD () Delete
Name: KAPLOWITZ, DAN
Address: 11211 S. MILITARY TRL.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VD () Delete
Name: TANEN, ANN
Address: 11208 ASPEN GLEN DR.
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KELLY STEVES

MRS.

01/27/2009

Electronic Signature of Signing Officer or Director

Date