

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

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90024 040 \*\*\*\*70.00

**DOCUMENT # N33023**

**1. Entity Name**

**WOMEN'S COMMITTEE, FIGHT AGAINST HUNGER, INC.**



**Principal Place of Business**

280 N.W. 78 TERR.  
PLANTATION: FL 33324  
US

**Mailing Address**

280 NW 78 TERRACE  
PLANTATION: FL 33324  
US

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

65-0134598

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

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

**7. Name and Address of New Registered Agent**

HOFFER, CELIA  
280 N.W. 78 TERR.  
PLANTATION FL 33324

Name Celia Hoffer

Street Address (P.O. Box Number is Not Acceptable)

1041 NW 89 Way

City Plantation

FL

Zip Code 33324

**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**

Celia Hoffer

Celia Hoffer

1-31-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution ☐

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	FAY, ALICE	
STREET ADDRESS	4750 NE AVE.	
CITY - ST - ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRUITT, LUZ	
STREET ADDRESS	5180 SW 89 AVE.	
CITY - ST - ZIP	COOPER CITY FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARUANDA, ALICIA	
STREET ADDRESS	2684 RIVIERA COURT	
CITY - ST - ZIP	WESTON FL 33332	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOFFER, CELIA	
STREET ADDRESS	280 NW 78TH TERR	
CITY - ST - ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** Celia Hoffer Celia Hoffer - TREASURER 1/31/04-954-476665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #