

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N41797** ✓

1. Corporation Name

FEED THE HUNGRY OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

5850 NW 32ND AVE
MIAMI FL 33142-2117
US

5850 NW 32ND AVE
MIAMI FL 33142-2117
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

01/24/1991

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GRAY, WILLIAM J.
ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD. SUITE 2500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ADAIR, MICHAEL R. C.P.A.**
CITY-ST-ZIP **10235 WEST SAMPLE ROAD**
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **GRAY, WILLIAM J. ESQUIRE**
CITY-ST-ZIP **TWO SOUTH BISCAYNE BLVD.**
MIAMI FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MYERS, VAN**
CITY-ST-ZIP **5850 N.W. 3RD AVENUE**
MIAMI FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **HAMASAKI, DUOCO DR**
CITY-ST-ZIP **5850 NW 32ND AVE**
MIAMI FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MOORE, A.D.**
CITY-ST-ZIP **5850 NW 32ND AVENUE**
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(8-12-99) (305) 633-9561

Date

Daytime Phone #

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90005 038 ****61.25



606455-90005-38



CR2E037 (5/99)