

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41797

FILED
Apr 27, 2005
Secretary of State

Entity Name: FEED THE HUNGRY OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

5850 NW 32ND AVE
MIAMI, FL 331422117 US

New Principal Place of Business:

Current Mailing Address:

5850 NW 32ND AVE
MIAMI, FL 331422117 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GIATTI, JUDITH
5850 NW 32ND AVE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

GATTI, JUDITH
5850 NW 32ND AVE
MIAMI, FL 33142 US

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: JUDITH GATTI

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAIR, MICHAEL R. C., P.A.
Address: 100 W. CYPRESS CREEK RD. #1045
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D () Delete
Name: HANTMAN, SUSAN R
Address: 5850 NW 32ND AVE
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: MYERS, VAN
Address: 5850 N.W. 3RD AVENUE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MILLARES, MARIA
Address: 5850 NW 32ND AVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: MOORE, A.D.
Address: 5850 NW 32ND AVENUE
City-St-Zip: MIAMI, FL

Title: ED () Delete
Name: GATTI, JUDITH
Address: 5850 NW 32 AVE
City-St-Zip: MIAMI, FL 33142

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
Name:
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 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 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: JUDITH GATTI

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date