

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000328

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: MAYOR'S FEED THE HUNGRY PROGRAM, INC.

## Current Principal Place of Business:

2 N TAMIAMI TRAIL  
11TH FLOOR  
SARASOTA, FL 342363423

## New Principal Place of Business:

## Current Mailing Address:

2 N TAMIAMI TRAIL  
11TH FLOOR  
SARASOTA, FL 342363423

## New Mailing Address:

FEI Number: 65-0369363

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWALLOW, JOEL  
2 N TAMIAMI TRAIL  
11TH FLOOR  
SARASOTA, FL 342363423 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: DS ( ) Delete  
Name: COBB, PHYLLIS  
Address: 761 JOHN RINGLING BLVD A-5  
City-St-Zip: SARASOTA, FL 34236

Title: DC ( ) Delete  
Name: SWALLOW, JOEL  
Address: 2 N TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 342363423

Title: D ( ) Delete  
Name: ROSEN, ROBERT  
Address: 2137 63RD AVE R  
City-St-Zip: BRADENTON, FL 34203

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: D ( ) Change (X) Addition  
Name: BIEHLER, SCOTT  
Address: 2814 WILLIAMSBURG ST  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Change (X) Addition  
Name: MAGNUSON, DUANE  
Address: 4120 COMINO REAL  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Change (X) Addition  
Name: MILLER, HAROLD  
Address: 1444 PINE BAY  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: JOEL C. SWALLOW

CHAI

02/23/2007

Electronic Signature of Signing Officer or Director

Date