


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N92000000328	
1. Entity Name MAYOR'S FEED THE HUNGRY PROGRAM, INC.	

Principal Place of Business 2 N TAMIAMI TRAIL 11TH FLOOR SARASOTA, FL 34236-3423	Mailing Address 2 N TAMIAMI TRAIL 11TH FLOOR SARASOTA, FL 34236-3423
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01182008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0369363	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SWALLOW, JOEL 2 N TAMIAMI TRAIL 11TH FLOOR SARASOTA, FL 34236-3423
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COBB, PHYLLIS 761 JOHN RINGLING BLVD A-5 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SWALLOW, JOEL 2 N TAMIAMI TRAIL SARASOTA, FL 342363423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, ROBERT 2137 63RD AVE R BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEHLER, SCOTT 2814 WILLIAMSBURG ST SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNUSON, DUANE 4120 COMINO REAL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, HAROLD 1444 PINE BAY SARASOTA, FL 34231

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01/29/08-80023-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	JOEL C. SWALLOW 01/16/08 941-364-7440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #