

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000328

FILED
Mar 20, 2009
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: D () Delete
Name: BIEHLER, SCOTT
Address: 2814 WILLIAMSBURG ST
City-St-Zip: SARASOTA, FL 34231

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WARD, GILBERT
Address: 3731 SARASOTA BLVD. APT. # 302
City-St-Zip: SARASOTA, FL 34238

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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 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

OFFI

03/20/2009

Electronic Signature of Signing Officer or Director

Date