


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000006112</b> 1. Entity Name <b>JESUS MISSION TO FEED THE HUNGRY, INC.</b>	
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Principal Place of Business <b>6109 S.W. 62ND TERRACE MIAMI, FL 33143</b>	Mailing Address <b>6109 S.W. 62ND TERRACE MIAMI, FL 33143</b>
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**DO NOT WRITE IN THIS SPACE**



09082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0598647</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BLOOMGARDEN, PAUL M  
8551 W. SUNRISE BLVD.  
FT LAUDERDALE, FL 33322**

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IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, JUANITA L 6109 S.W. 62ND TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, FLOYD 6109 S.W. 62ND TERRACE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMS, ALICE 15930 S.W. 106TH AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PREAL, ROMAIN 18311 N.W. 2ND COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GLORIA 3320 OAK AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000172148  
09/13/04-80001-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Sep 7, 04 786-512-2343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #