

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90038 031 ****70.00

DOCUMENT # N97000000575

1. Corporation Name

FEED AMERICA ORGANIZATION, INC.

Principal Place of Business

102 HIGHLAND ST
ORANGE CITY FL 32763
US

Mailing Address

P. O. BOX 6420
DELTONA FL 32728
US



2. Principal Place of Business

21 2809 Enterprise Rd
Suite, Apt. #, etc.

22 -0-

23 orange city FL
City & State

24 32763 25 Volusia
Zip Country

2a. Mailing Address

26 P. O. Box 6420
Suite, Apt. #, etc.

27 Deltona, FL
City & State

28 32728-6420
Zip Country

29 32728-6420 30 Volusia
Zip Country

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

59-3425569

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FLORIO, SAM
1333 N FOWLER DR
DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name FRANK R. CARNER SR

82 Street Address (P.O. Box Number is Not Acceptable)
626 WINSTON DR

83

84 City Holly Hill FL 85 Zip Code 32117

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Frank R. Carner Sr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-13-1997

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE PD
NAME FLORIO, SAM
STREET ADDRESS 1333 NORTH FOWLER DRIVE
CITY-ST-ZIP DELTONA FL 32725

☒ DELETE

TITLE DT
NAME WELCH, DEBRA
STREET ADDRESS 3253 POST ST
CITY-ST-ZIP DELTONA FL 32728

☒ DELETE

TITLE DS
NAME GOVREAU, JANICE B
STREET ADDRESS 231 PLUMOSA RD
CITY-ST-ZIP DEBARY FL 32713

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE PD
1.2 NAME FRANK R. CARNER SR.
1.3 STREET ADDRESS 626 WINSTON DR
1.4 CITY-ST-ZIP HOLLY HILL, FLA 32117

☐ Change ☒ Addition

2.1 TITLE SDT
2.2 NAME CATHERINE LEE CARNER
2.3 STREET ADDRESS 626 WINSTON DR
2.4 CITY-ST-ZIP HOLLY HILL, FLA 32117

☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME FRANK RICHARD CARNER JR.
3.3 STREET ADDRESS 626 WINSTON DR
3.4 CITY-ST-ZIP HOLLY HILL, FLA 32117

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sam Florio* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-1999 904-254-0907

Date

Daytime Phone #

CR2E037 (11/98)