

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003549

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: FEED OUR CHILDREN MINISTRIES, INC.

**Current Principal Place of Business:**

6808 MONET CIR  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 290415  
TAMPA, FL 33687

**New Mailing Address:**

FEI Number: 31-1611760      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 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: CEO ( ) Delete  
Name: BROWN, MOSES  
Address: POB 290415  
City-St-Zip: TAMPA, FL 33687

Title: PD ( ) Delete  
Name: BARZEY, JEANETTE  
Address: POB 290415  
City-St-Zip: TAMPA, FL 33687

Title: MD ( ) Delete  
Name: SHUMATE, REGINA  
Address: POB 280327  
City-St-Zip: TAMPA, FL 33782

Title: TD ( ) Delete  
Name: HOWARD, TOUNYAH  
Address: POB 27245  
City-St-Zip: TAMPA, FL 33623

Title: V ( ) Delete  
Name: WORTHMAN, THERMAN  
Address: 1801 69TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33712

Title: DS ( ) Delete  
Name: BAUGH, CEDRIC  
Address: 7806 WINDWARD WAY  
City-St-Zip: ODESSA, FL 33556

**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: ( ) Change ( ) Addition  
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 Section 119.07(3)(i), 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: MOSES BROWN

CEO

03/28/2005

Electronic Signature of Signing Officer or Director

Date