

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003549

FILED
Mar 03, 2008
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 PASTOR
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: LOTT, 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: ANDERSON, GLENDA
Address: 1210 E. BATES
City-St-Zip: TAMPA, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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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: MOSES BROWN

CEOD

03/03/2008

Electronic Signature of Signing Officer or Director

Date