

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

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P29812

1. Entity Name
FREEDOM FROM HUNGER FOUNDATION, INC.



Principal Place of Business
**1644 DAVINCI CT
P.O. BOX 2000
DAVIS, CA 95616 US**

Mailing Address
**P. O. BOX 2000
DAVIS, CA 95617 US**



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
95-1647835

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DUNFORD, JAMES M.
5510 RIGEL COURT
ATLANTIC BEACH, FL 32233-4581**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000111082
04/12/04-80108-015 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DUNFORD, CHRISTOPHER
1844 DAVINCI COURT
DAVIS, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
WASSON, WELDON H
DAVINCI CT
DAVIS, CA 95618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MOORE, CHARLES V
1644 DAVINCI CT
DAVIS, CA 95618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHESTON, SHEILA C
1644 DAVINCI CT
DAVIS, CA 95618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VOR DER BRUEGGE, ELLEN
1644 DAVINCI COURT
DAVIS, CA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCBURNEY, THOMAS R
1644 DAVINCI CT.
DAVIS, CA 95618**

**DO NOT WRITE
IN THIS SPACE**

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: *Joan E. Dickey* **Joan E. Dickey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

1/8/04
Date

(530) 758-6200
Daytime Phone #