

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003461

**Entity Name:** THE WEST SIDE CHILDREN'S FEEDING MINISTRY, INC.

**Current Principal Place of Business:**

3619 DAVIE BLVD  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3619 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

**FEI Number: 20-2629326**

**Certificate of Status Desired: No**

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

DUPOUX, JEAN R  
3627 DAVIE BLVD  
FORT LAUDERDALE, FL 33312 US

*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

**Officer/Director Detail :**

Title P  
Name DUPOUX, JEAN R  
Address 3627 DAVIE BLVD  
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP  
Name DIAZ, FRANCISCO  
Address 9901 NORTH WEST 80TH AVENUE #3D  
City-State-Zip: HIALEAH FL 33016

Title D  
Name DUPOUX, NAZEERA  
Address 3627 DAVIE BLVD  
City-State-Zip: FORT LAUDERDALE FL 33312

Title D  
Name DUPOUX, GILBERT S  
Address 3627 DAVIE BLVD  
City-State-Zip: FORT LAUDERDALE FL 33312

Title D  
Name WARFORD, GARTH C  
Address 3627 DAVIE BLVD  
City-State-Zip: FORT LAUDERDALE FL 33312

Title D  
Name GUNTER, LESLIE F  
Address 6005 DEL LAGO CIRCLE #206  
City-State-Zip: SUNRISE FL 33313

*I hereby 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 all other like empowered.*

**SIGNATURE: NAZEERA DUPOUX**

**PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date