

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N11060

Entity Name: THE COOPERATIVE FEEDING PROGRAM, INC.

Current Principal Place of Business:

1 NW 33 TERRACE
LAUDERHILL, FL 33311

Current Mailing Address:

1 NW 33 TERRACE
LAUDERHILL, FL 33311 US

FEI Number: 59-2696451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, DENISE
1 NW 33 TERRACE
LAUDERHILL, FL 33311 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: DENISE BROWN

11/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CARRIUOLO, ANTHONY
Address 1 NW 33RD TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title PRESIDENT
Name BROWN, DENISE
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title TREASURER
Name CAMPBELL, LES
Address 1 NW 33RD TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title DIRECTOR
Name ROCKINGHAM, ROCKI
Address 1 NW 33RD TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title DIRECTOR
Name FEINBERG , JOE
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title DIRECTOR
Name GEARY, LAURA
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title DIRECTOR
Name CAGNETTA, ANDY
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title DIRECTOR
Name ALZATE-KAUFMAN, HEIDI
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

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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: DENISE BROWN

PRESIDENT

11/04/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NATIELLO, JOSEPH
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title VC
Name REID, AMOY DR.
Address 1 NW 33RD TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title DIRECTOR
Name LOOKRETIS, MATTHEW
Address 1 NW 33 TERRACE
City-State-Zip: LAUDERHILL FL 33311

Title VP
Name DOCTEUR, MARIE KATHLEEN
Address 1 NW 33RD TERRACE
City-State-Zip: LAUDERHILL FL 33311