

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008620

**Entity Name:** FEEDING THE FOSTERS, INC.

**Current Principal Place of Business:**

2519 MCMULLEN BOOTH ROAD  
SUITE 510-214  
CLEARWATER, FL 33761

**Current Mailing Address:**

3272 SANDY RIDGE DRIVE  
CLEARWATER, FL 33761

**FEI Number:** 84-2775918

**Certificate of Status Desired:** No

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

LEDONNI-KOPEC, DIANA  
3272 SANDY RIDGE DRIVE  
CLEARWATER, FL 33761 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 DPT  
Name LEDONNI-KOPEC, DIANA  
Address 3272 SANDY RIDGE DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title DVP  
Name KOPEC, ROBERT  
Address 3272 SANDY RIDGE DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title D, S  
Name CRUM, TAMMY  
Address 4193 GRAND CHAMP CIRCLE  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name KOPEC, SAMANTHA  
Address 3272 SANDY RIDGE DRIVE  
City-State-Zip: CLEARWATER FL 33761

Title D  
Name RUGGIERO, CHRISTIE  
Address 2721 COUNTRYSIDE BOULEVARD #103  
City-State-Zip: CLEARWATER FL 33761

Title D  
Name FARMER, MICHELLE  
Address 2692 ENTERPRISE ROAD EAST APT 304  
City-State-Zip: CLEARWATER FL 33759

Title D  
Name MIR, JANA  
Address 711 HOUSE WREN CIRCLE  
City-State-Zip: PALM HARBOR FL 34683

*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:** DIANA LEDONNI-KOPEC

**PRESIDENT**

**02/27/2023**

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

\_\_\_\_\_  
Date