

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

DOCUMENT# N21000003134

**Entity Name:** COLORS OF HUNGER, INC.

**Current Principal Place of Business:**

203 WASHINGTON STREET  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

2024 PORTO BOULEVARD  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 84-2789194

**Certificate of Status Desired:** Yes

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

WESIGHAN, FRANK  
201 EAST PINE STREET  
SUITE 1200  
ORLAND, FL 32802 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	BUCHANAN, JOHN
Address	2024 PORTO BOULEVARD
City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	SEC
Name	STOLZ, BARBARA
Address	5300 SOUTH ATLANTIC AVENUE #9-307
City-State-Zip:	NEW SMYRNA BEACH FL 32169

Title	VP
Name	JODOIN, JUDITH
Address	100 LAKE FAIRGREEN CIRCLE
City-State-Zip:	NEW SMYRNA BEACH FL 32168
Title	T
Name	MASON, CATHY
Address	550 NORTH GLENCOE RD
City-State-Zip:	NEW SMYRNA BEACH FL 32168

*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:** CATHY G MASON

**ACCOUNTANT**

**01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date