

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

DOCUMENT# N93000000285

**Entity Name:** FEEDING FLORIDA, INC.**Current Principal Place of Business:**1493 MARKET STREET  
TALLAHASSEE, FL 32312**Current Mailing Address:**1493 MARKET STREET  
TALLAHASSEE, FL 32312 US**FEI Number:** 65-0467165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LANIGAN & ASSOCIATES, P.C.  
2630 CENTENNIAL PLACE  
SUITE 1  
TALLAHASSEE, FL 32308 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:** JOHN KEILLOR

02/09/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	VALEZ, FRANCISCO PACO
Address	2501 SW 32ND TERRACE
City-State-Zip:	PEMBROKE PARK FL 33023

Title	ED
Name	SAFLEY, ROBIN
Address	1493 MARKET STREET
City-State-Zip:	TALLAHASSEE FL 32312

Title	PAST PRESIDENT
Name	FRANK, SANDRA
Address	8171 BLAIEKIE COURT
City-State-Zip:	SARASOTA FL 34240

Title	DIRECTOR
Name	CHUBBS, DERICK
Address	411 MERCY DR.
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	MANTZ, THOMAS
Address	4702 TRANSPORT DRIVE BLDG 6
City-State-Zip:	TAMPA FL 33605-5940

Title	DIRECTOR
Name	CRUZ, JUDITH
Address	401 ANGLE ROAD
City-State-Zip:	FORT PIERCE FL 34947

Title	DIRECTOR
Name	EDWARDS, SUZANNE
Address	553 NW RAILROAD STREET
City-State-Zip:	LAKE CITY FL 32055

Title	PRESIDENT
Name	LEBER, RICHARD
Address	3760 FOWLER STREET
City-State-Zip:	FORT MYERS FL 33901

**Continues on page 2**

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:** ROBIN SAFLEY

ED

02/09/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                LEDGER, MICHAEL  
Address             5248 MOBILE SOUTH ST  
City-State-Zip:    THEODORE AL 36582

Title                 DIRECTOR, TREASURER  
Name                KING, SUSAN  
Address             1116 EDGEWOOD AVE NORTH  
                       UNIT D AND E  
City-State-Zip:    JACKSONVILLE FL 32254

Title                 DIRECTOR, SECRETARY  
Name                ELLSWORTH, MONIQUE  
Address             4446 ENTREPOT BLVD  
City-State-Zip:    TALLAHASSEE FL 32310