



Date:12/03/2020 10:13:47

Created Date
2013-06-05 15:00:07.0

Created by
fee65210

Registration Expiration Date
2022-12-31

Registration Renewed Date
2020-12-03

Last Updated
2020-12-03

Registration Status Reason
Biennial Registration Renewal - 2018

Registration Status

VALID

Is this facility engaged in the manufacturing/processing, packing, or holding of food for human or animal consumption in the United States?

Yes No

Section 1: Type of Registration

Facility Location: **Domestic Registration**

UPDATE OF REGISTRATION INFORMATION:

Registration Number: **14959859582** Pin No **7chIDg5C**

Are you the new owner of a previously registered facility?

Yes No

Previous Owner's Title:

Previous Owner's Name:

Previous Owner's Registration Number: **11027592814**

Section 2: Facility Name/Address Information

Facility Name

Feed My Starving Children

Telephone Number

001 763 5042919

Facility Name Suffix

Incorporated

Fax Number

Facility Street Address, Line 1

401 93rd Ave Nw

E-Mail Address

mkoch@fmssc.org

Facility Street Address, Line 2

Unique Facility Identifier (UFI)

167212690

City

Coon Rapids

State/Province/Territory

Minnesota

Zip Code (Postal Code)

55433

Country/Area

UNITED STATES



Section 3: Preferred Mailing Address Information

Complete this section if different from Section 2 Facility Name/Address Information (OPTIONAL)

Is the preferred mailing address the same as the facility address (Section 2)? No

Name	Telephone Number
Michelle Koch	001 763 4047410
Address, Line 1	Fax Number
990 Lone Oak Rd Ste 136	
Address, Line 2	E-Mail Address
	mkoch@fmesc.org
City	
Eagan	
State/Province/Territory	
Minnesota	
Zip Code (Postal Code)	
55121	
Country/Area	
UNITED STATES	

Section 4: Parent Company Name/Address Information

(If applicable and if different from Sections 2 and 3). If information is the same as another section, check which section:

- Same as Facility Address (Section 2)
 Same as Preferred Mailing Address (Section 3)
 None of the above

Company Name	Telephone Number
Feed My Starving Children	001 763 5042919
Company Name Suffix	Fax Number
Incorporated	
Address, Line 1	E-Mail Address
401 93rd Ave Nw	mkoch@fmesc.org
Address, Line 2	
City	
Coon Rapids	
State/Province/Territory	
Minnesota	
Zip Code (Postal Code)	
55433	
Country/Area	
UNITED STATES	

Section 5: Facility Emergency Contact Information



If information is the same as another section, check which section:

Same as Facility Address (Section 2)

None of the above

Individual's Title (Optional)

Emergency Contact Phone

001 612 6165000

Individual's Name (Optional)

E-Mail Address

Michelle

mkoch@fmcs.org

Individual's Middle Name (Optional)

Job Title (Optional)

A

Quality Assurance Manager

Individual's Last Name (Optional)

Koch

Section 6: Trade Names

(If this facility uses trade names other than that listed in Section 2 above, list them below (e.g., "Also doing business as," "Facility also known as"))

Are there alternate trade names used by your facility in addition to the name provided in **Section 2: Facility Name/Address Information?**

Yes

No

Section 7: United States Agent

(To be completed by facilities located outside any state or territory of the United States, District of Columbia, or The Commonwealth of Puerto Rico)

First Name

Emergency Contact Phone

-N/A-

-N/A-

Middle Name (Optional)

Fax Number

-N/A-

-N/A-

Last Name (Optional)

E-Mail Address

-N/A-

-N/A-

Title (Optional)

-N/A-

Address, Line 1

-N/A-

Address, Line 2

-N/A-

City

-N/A-

State/Province/Territory

-N/A-

Zip Code (Postal Code)

-N/A-

Country/Area

-N/A-



Section 8: Seasonal Facility Dates of Operation (Optional)

Give the approximate dates that your facility is open for business, if its operations are on a seasonal basis (Optional).

Harvest 1

Start Month

End Month

Harvest 2

Start Month

End Month

Section 9: General Product Categories - Human/Animal/Both

Food for Human Consumption

Food for Animal Consumption

Section 9a: General Product Categories - Food for Human Consumption; and Type of Activity Conducted at the Facility

To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
11. DIETARY CONVENTIONAL FOODS OR MEAL REPLACEMENTS (Includes Medical Foods) ^{(21 CFR 170.3 (n) (31))}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DIETARY SUPPLEMENT CATEGORIES													
b. Vitamins and Minerals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES ^{(21 CFR 170.3 (n) (11) (14), (17), (18), (23), (24), (29), (34), (40))}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. SPICES, FLAVORS, AND SALTS ^{(21 CFR 170.3 (n) (26))}	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



To be completed by all food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 37	Ambient Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Refrigerated Food Storage Warehouse / Holding Facility (e.g., storage facilities, including storage tanks)	Frozen Food Storage Warehouse / Holding Facility (e.g., storage facilities)	Acidified Food Process or	Low-Acid Food Process or	Interstate Conveyance Caterer / Catering Point	Contract Sterilizer	Labeler / Relabeler	Manufacturer / Processor	Packer / Repacker	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity Conducted (Please Specify)
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33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES^[21 CFR 170.3 (n) (19), (36)]

c. Other Vegetable and Vegetable Products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) ^[21 CFR 170.3 (n) (33)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH ^[21 CFR 170.3 (n) (1), (23)]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 10: Owner, Operator, or Agent-in-Charge Information

Provide the following information, if different from all other sections on the form. If information is the same as another section of the form, check which section:

If information is the same as Section 2, check the box:

- Section 2 - Facility Address Information
- Section 3 - Preferred Mailing Address Information
- Section 4 - Parent Company Address Information
- Section 7 - US Agent Address Information
- None of the above

Name of Entity or Individual Who is the Owner, Operator, or Agent-in-Charge: Mark Crea

Address, Line 1
 401 93rd Ave Nw

Address, Line 2

City
 Coon Rapids

Telephone Number
 001 763 5042919

Fax Number

E-Mail Address
 mkoch@fmsc.org



State/Province/Territory

Minnesota

Zip Code (Postal Code)

55433

Country/Area

UNITED STATES

Section 11: Inspection Statement

FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12: Certification Statement

The owner, operator, or agent-in-charge of the facility, or an individual authorized by the owner, operator, or agent-in-charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent-in-charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent-in-charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent-in-charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

NAME OF PERSON SUBMITTING THIS REGISTRATION RENEWAL: Michelle Koch

CHECK ONE BOX

A. INDIVIDUAL ASSOCIATED WITH THE INFORMATION IN SECTION 10 (STOP HERE, FORM IS COMPLETED)

B. ANOTHER AUTHORIZED INDIVIDUAL

Address Information for the Authorizing Individual:

Same as Section 10

Individual's Name

Michelle Koch

Telephone Number

001 763 9517315

Address, Line 1

990 Lone Oak road Suite 136

Fax Number

Address, Line 2

E-Mail Address

mkoch@fmcs.org

City

Eagan

State/Province/Territory

Minnesota

Zip Code (Postal Code)

55121

Country/Area

UNITED STATES