

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756490 (9)
 1. Corporation Name
DAILY BREAD FOOD BANK, INC.



Principal Place of Business: **5850 N.W. 32ND AVENUE MIAMI FL 33142**
 Mailing Address: **5850 N.W. 32ND AVENUE MIAMI FL 33142**

3. Date Incorporated or Qualified: **02/17/1981**
 3a. Date of Last Report: **06/27/1995**
 4. FEI Number: **59-2097520**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 City & State: **23**
 Zip: **24** Country: **25**
 Suite, Apt. #, etc.: **27**
 City & State: **28**
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
GRAY, WILLIAM J
1 BISCAYNE TWR., SUITE 2500
2 S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAMASAKI, DUCO DR.	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 3	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYERS, VAN	
STREET ADDRESS	5850 NW 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, A.D.	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI, FL 3	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAGE, AMY	
STREET ADDRESS	3902 N FED HWY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANTMAN, SUSAN	
STREET ADDRESS	5850 N.W. 32ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* Vice President 7-17-96 (305) 633 9861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)