
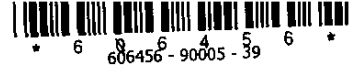


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90005 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 756490 ✓		
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	



21	22	23	24	25	26	27	28	29	30	31	32
2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualified			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				02/17/1981			
City & State				City & State				4. FEI Number			
Zip				Zip				59-2097520			
Country				Country				Applied For			
								Not Applicable			
								5. Certificate of Status Desired <input type="checkbox"/>			
								\$8.75 Additional Fee Required			
								6. Election Campaign Financing <input type="checkbox"/>			
								\$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GRAY, WILLIAM J 1 BISCAYNE TWR., SUITE 2500 2 S. BISCAYNE BLVD. MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMASAKI, DUCO DR.		1.2 NAME	Michael R Adair	
STREET ADDRESS	5850 N.W. 32ND AVENUE		1.3 STREET ADDRESS	5850 NW 32nd Ave	
CITY-ST-ZIP	MIAMI, FL 3		1.4 CITY-ST-ZIP	Miami FL 33142	
TITLE	D	DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, VAN		2.2 NAME		
STREET ADDRESS	5850 NW 32ND AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	P	DELETE	3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, A.D.		3.2 NAME		
STREET ADDRESS	5850 N.W. 32ND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 3		3.4 CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAGE, AMY		4.2 NAME	Mary Bergquist	
STREET ADDRESS	3902 N FED HWY		4.3 STREET ADDRESS	5850 NW 32nd Ave	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Miami, FL 33142	
TITLE	TD	DELETE	5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANTMAN, SUSAN		5.2 NAME		
STREET ADDRESS	5850 N.W. 32ND AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Susan Hantman* SIGNATURE REQUIRED 8-12-99 (305)633-9861
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0004013
CR2E037 (5/99)