

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90061 001 ***183.75

DOCUMENT # 756490
 1. Entity 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**

66404913



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2097520**
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
GATTI, JUDITH
5850 NW 32ND AVE
MIAMI FL 33142

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ADAIR, MICHAEL	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANTMAN, SUSAN	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	MYERS, VAN	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMASAKI, DUCO DR	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, A D	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	GATTI, JUDITH	
STREET ADDRESS	5850 N.W. 32ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>V.P. OF FINANCE</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MARIA MILCARES</i>	
STREET ADDRESS	<i>5850 N.W. 32ND AVE</i>	
CITY-ST-ZIP	<i>MIAMI, FLORIDA 33142</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Exec Director</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>JUDITH GATTI</i>	
STREET ADDRESS	<i>5850 N.W. 32nd Ave</i>	
CITY-ST-ZIP	<i>MIAMI FLORIDA 33142</i>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **3/4/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #