

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
96 MAY -1 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N03467** (0)
1. Corporation Name
LEESBURG FOOD BANK, INC.

500001821535
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*****61.25 *****61.25

Principal Place of Business Mailing Address
**1305 SUNSHINE AVE.
LEESBURG FL 34748
US** **1305 SUNSHINE AVE.
LEESBURG FL 34748
US**

3. Date Incorporated or Qualified **06/06/1984** 3a. Date of Last Report **01/30/1995**
4. FEI Number **59-2435968** Applied For Not Applicable
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

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

9. Name and Address of Current Registered Agent
**MANN, HARRIETTE L. EXECUTIVE DIRECTOR
26214 GRASSY SPRAIN ROAD
SORRENTO FL 32778**

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 *HARRIETTE L. MANN* DATE **5/1/96**
CHESTER P. WOJCIKIEWICZ DATE **4/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEGEMAN, REV. P	
STREET ADDRESS	202 HAYS DR.	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIZER, KEITH	
STREET ADDRESS	26005 NEWCOMBE CIRCLE	
CITY-ST-ZIP	LEESBURG FL	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOJCIKIEWICZ, CHESTER	
STREET ADDRESS	648 BANNING BEACH RD.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, FRANCES	
STREET ADDRESS	39 ROSE DR.	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, LOREN G.	
STREET ADDRESS	13052 LEMON AVE.,	
CITY-ST-ZIP	GRAND ISLAND FL 34788	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, GILBERT	
STREET ADDRESS	12 SAN REMO CT	
CITY-ST-ZIP	LEESBURG FL	

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HEATER, JEANNETTE	
1.3 STREET ADDRESS	24630 RAQUET CIR.	
1.4 CITY-ST-ZIP	LEESBURG, FL. 34748	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TEFFT, DOROTHY	
2.3 STREET ADDRESS	1042 HELSEA CIR.	
2.4 CITY-ST-ZIP	LADY LAKE, FL. 32159	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOJCIKIEWICZ, CHESTER P.	
3.3 STREET ADDRESS	Chester P. Wojcikiewicz	
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GARTER, ARTHUR	
4.3 STREET ADDRESS	41333 SUNSHINE AVE.	
4.4 CITY-ST-ZIP	UMATILLA, FL. 32784	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ADAMS, LOREN G.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JOHNSON, ALICE	
6.3 STREET ADDRESS	1450 GORDON ST.	
6.4 CITY-ST-ZIP	LEESBURG, FL. 34749	

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: *HARRIETTE L. MANN* DATE **4/19/96** *CHESTER P. WOJCIKIEWICZ* DATE **5/1/96**
352-326-5463

CR2E037 (12/95)