

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>1305 SUNSHINE AVE. LEESBURG FL 34748 US</b>	Mailing Address <b>1305 SUNSHINE AVE. LEESBURG FL 34748-3911 US</b>
---	--

3. Date Incorporated or Qualified <b>06/06/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2435968</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent  
**MANN, HARRIETTE L.  
 28214 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD HEATER, JEANETTE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	28830 RAQUET CIR. LEESBURG FL 34748	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TEFFT, DOROTHY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1042 KELSEA CIR. LADY LAKE FL 32159	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD WOJCIKIEWICZ, CHESTER P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	648 BANNING BEACH RD. TAVARES FL 32778	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD CARTER, ARTHUR	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4133 SUNSHINE AVE. UMATILLA FL 32784	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD ADAMS, LOREN G.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13052 LEMON AVE., GRAND ISLAND FL 34788	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	SD JOHNSON, ALICE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 S. GORDON STREET LEESBURG FL 34749	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Chester P. Wojcikiewicz* 3/31/97 352-326-5463

CF2E037 (9/96)