

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 US</b>
---	---

3. Date Incorporated or Qualified <b>06/06/1984</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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**MANN, HARRIETTE L.  
26214 GRASSY SPRAIN ROAD  
SORRENTO FL 32776**

81 Name <b>HARRIETTE L. MANN EXEC. DIR.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>26214 GRASSY SPRAIN ROAD</b>	
83 City <b>SORRENTO</b>	
84 State <b>FL</b>	85 Zip Code <b>32776-9038</b>

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 <b>CD</b>	<input type="checkbox"/> DELETE
NAME <b>HEATER, JEANETTE</b>	
STREET ADDRESS <b>26630 RAQUET CIR.</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>TEFFT, DOROTHY</b>	
STREET ADDRESS <b>1042 KELSEA CIR.</b>	
CITY-ST-ZIP <b>LADY LAKE FL 32159</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>WOJCIKIEWICZ, CHESTER P</b>	
STREET ADDRESS <b>648 BANNING BEACH RD.</b>	
CITY-ST-ZIP <b>TAVARES FL 32778</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARTER, ARTHUR</b>	
STREET ADDRESS <b>4133 SUNSHINE AVE.</b>	
CITY-ST-ZIP <b>UMATILLA FL 32784</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>ADAMS, LOREN G.</b>	
STREET ADDRESS <b>13052 LEMON AVE.,</b>	
CITY-ST-ZIP <b>GRAND ISLAND FL 34788</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>JOHNSON, ALICE</b>	
STREET ADDRESS <b>14 S. GORDON STREET</b>	
CITY-ST-ZIP <b>LEESBURG FL 34749</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DON ECKERT</b>	
1.3 STREET ADDRESS <b>923 RAMOS DRIVE</b>	
1.4 CITY-ST-ZIP <b>LADY LAKE FL 32159</b>	
2.1 TITLE <b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>ALICE JOHNSON</b>	
2.3 STREET ADDRESS <b>P.O. BOX N/A 490206</b>	
2.4 CITY-ST-ZIP <b>LEESBURG FL 34749-2026</b>	
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 <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>JEANETTE HEATER</b>	
4.3 STREET ADDRESS <b>26630 RACQUET CIR</b>	
4.4 CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
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 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: *Harriette L. Mann* 2-18-98

CP2E037 (10/97)