

FILE NOW: FILING FEE IS \$61.25

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90055 016 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N03467

1. Corporation Name
LEESBURG FOOD BANK, INC.

488503 - 90055 - 16

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

Mailing Address
 1305 SUNSHINE AVE.
 LEESBURG FL 34748
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/06/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2435968	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	25	29	30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANN, HARRIETTE L. 26214 GRASSY SPRAIN ROAD SORRENTO FL 32776				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	C.D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ECKERT, DON			1.2 NAME	JOHNSON, ALICE		
STREET ADDRESS	923 RAMOS DRIVE			1.3 STREET ADDRESS	P.O. Box 490206		
CITY-ST-ZIP	LADY LAKE FL 32159			1.4 CITY-ST-ZIP	LEESBURG, FL 34749		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	V.D.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, ALICE			2.2 NAME	HEATER, JEANNETTE		
STREET ADDRESS	P.O. BOX 490206 N/A			2.3 STREET ADDRESS	26630 RACQUET CIR.		
CITY-ST-ZIP	LEESBURG FL 34749			2.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOJCIKIEWICZ, CHESTER P			3.2 NAME			
STREET ADDRESS	648 BANNING BEACH RD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAVARES FL 32778			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	SP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEATER, JEANNETTE			4.2 NAME	COLLINS, RICHARD		
STREET ADDRESS	26630 RACQUET CIR			4.3 STREET ADDRESS	21839 PRINCE WILLIAM CT.		
CITY-ST-ZIP	LEESBURG FL 34748			4.4 CITY-ST-ZIP	LEESBURG, FL 34748		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, LOREN G.			5.2 NAME			
STREET ADDRESS	13052 LEMON AVE.,			5.3 STREET ADDRESS			
CITY-ST-ZIP	GRAND ISLAND FL 34788			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> 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: *Chester P. Wojcikiewicz* CHESTER P. WOJCIKIEWICZ 4/29/99 352-326-5463
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)