

2002 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90246 049 ****61.25

DOCUMENT # N03467

1. Entity Name

LEESBURG FOOD BANK, INC.

Principal Place of Business

1305 SUNSHINE AVE.
 LEESBURG FL 34748
 US

Mailing Address

1305 SUNSHINE AVE.
 LEESBURG FL 34748
 US

87769



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2435968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANN, HARRIETTE L.
26214 GRASSY SPRAIN ROAD
SORRENTO FL 32776

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.

SIGNATURE

Harriette L. Mann

4-12-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** Delete
 NAME **COLLINS, RICHARD**
 STREET ADDRESS **21839 PRINC WILLIAM CT**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **TD** Delete
 NAME **WOJCIKIEWICZ, CHESTER P**
 STREET ADDRESS **648 BANNING BEACH RD.**
 CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VD** Delete
 NAME **RUCK, WILLIAM**
 STREET ADDRESS **7323 HARBOR VIEW DR**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **SD** Delete
 NAME **ADAMS, LOREN G**
 STREET ADDRESS **13052 LEMON AVE**
 CITY-ST-ZIP **LEESBURG FL 34788**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Change Addition
 NAME **TOENNES, WALTER**
 STREET ADDRESS **35 EL PRESIDENTE BLYD.**
 CITY-ST-ZIP **LEESBURG, FL. 34748**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **TD ADAMS, LOREN G.**
 STREET ADDRESS **13052 LEMON AVE.**
 CITY-ST-ZIP **LEESBURG, FL. 34788**

TITLE Change Addition
 NAME **SD HEATER JEANETTE**
 STREET ADDRESS **26630 RACQUET CIR.**
 CITY-ST-ZIP **LEESBURG, FL. 34748**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

HARRIETTE L. MANN
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-02

Date

352-326-5463

Daytime Phone #

Harriette L. Mann

*Second
 + returned before this date.*

CP2E037 (9/01)