


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N03467 1. Entity Name LEESBURG FOOD BANK, INC.	
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Principal Place of Business 1305 SUNSHINE AVE. LEESBURG, FL 34748 US	Mailing Address 1305 SUNSHINE AVE. LEESBURG, FL 34748 US
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07142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2435968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, HARRIETTE
 26214 GRASSY SPRAIN ROAD
 SORRENTO, FL 32776

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000355881
 07/22/08-80003-028 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RAMSEY, JON 6333 CR 152 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOJCIKIEWICZ, CHESTER P 648 BANNING BEACH RD. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAWKINS, ANNE 100 POINSETTA COVE LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, LOREN G 13052 LEMON AVE LEESBURG, FL 34788
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEARS, JUDY 1013 ROYAL OAK BLVD LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD MANN, HARRIETTE L 26214 GRASSY SPRING RD. SORRENTO, FL 32776

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chester P. Wojcikiewicz 07-18-08 352-326-5463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #