


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

3/1

44003337



CHECK HERE IF MAKING CHANGES

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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 58-2435068 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
MANN, HARRIETTE L. 26214 GRASSY SPRAIN ROAD SORRENTO FL 32776			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE <i>Harriette L. Mann</i>		DATE		
Signature, typed or printed name of registered agent where it applies. (NOTE: Registered Agent signature required when reinstating)				
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD TOENNES, WALTER 35 EL PRESIDENTE BLVD LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BUTNER, SAMUEL S. 84 DOCKSIDE DR. LEESBURG, FL 34748 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	CPRE037 (10/02)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WOJCIKIEWICZ, CHESTER P 648 BANNING BEACH RD. TAVARES FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUCK, WILLIAM 7323 HARBOR VIEW DR LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ADAMS, LOREN G 13052 LEMON AVE LEESBURG FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEATER, JEANETTE 26630 RACQUET CIR LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EX-DIRECTOR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	EX-DIRECTOR MANN, HARRIETTE L. 26214 GRASSY SPRAIN RD. SORRENTO, FL 32776 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Harriette L. Mann</i>		SIGNATURE REQUIRED <i>Harriette L. Mann</i> 3/2/03 952-926-5163		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #		