

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90096 032 ***150.00

DOCUMENT # 156820

1. Entity Name

MCMULLEN FOOD BANK INC



Principal Place of Business

**117 DUVAL ST N.W.
LIVE OAK FL 32064**

Mailing Address

**726 SUWANNEE AVE SW
LIVE OAK FL 32064**

60028641



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0591845

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMULLEN, J L
726 SUWANNEE AVE SW
LIVE OAK FL 32064**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 ✓
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

*Paid OK #1048
4/7/06*

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MCMULLEN, J L**
STREET ADDRESS **726 SUWANNEE AVE SW**
CITY- ST- ZIP **LIVE OAK FL 32064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **SD** ☐ Delete
NAME
STREET ADDRESS **726 SUWANNEE AVE SW**
CITY- ST- ZIP **LIVE OAK FL 32064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **ASD #505** ☐ Delete
NAME **ELMORE, JILL M**
STREET ADDRESS **3123 CABOT DR.**
CITY- ST- ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE **VP** ☐ Delete
NAME **ELMORE, KIRK B**
STREET ADDRESS **3123 CABOT DR**
CITY- ST- ZIP **TALLAHASSEE FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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 607, 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:

J L Mullen President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/06 386 362 2204
Daytime Phone