

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathem
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

APR 27 1995 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **762724** (3)

1. Corporation Name
MANNA FOOD BANK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
911 N. TARRAGONA PENSACOLA FL 32501 US	P.O. BOX 2582 PENSACOLA FL 32513-2582 US

3. Date Incorporated or Qualified 04/05/1982	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2181031	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**EVANS, TIMOTHY H
1225 LANGLEY AVE.
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE _____
(Signature typed or printed name of registered agent and fee if applicable) (Typed) Registered Agent signature required when filing (Typed)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FRETLAND, MILLARD
STREET ADDRESS	4700 SLABACK ST.
CITY, ST, ZIP	PENSACOLA FL
TITLE	V
NAME	BRANTLEY, ROBBIE
STREET ADDRESS	1111 FT PICKENS RD., #224
CITY, ST, ZIP	PENSACOLA 8CH. FL
TITLE	S
NAME	LINDA MILLS
STREET ADDRESS	7757 FOLKSTONE DRIVE
CITY, ST, ZIP	PENSACOLA FL
TITLE	T
NAME	ADKINS, MIKE
STREET ADDRESS	6205 WINDWOOD DR.
CITY, ST, ZIP	PENSACOLA, FL 00000
TITLE	D
NAME	EVANS, TIMOTHY H
STREET ADDRESS	1225 LANGLEY AVE.
CITY, ST, ZIP	PENSACOLA FL
TITLE	D
NAME	ARONSON, SHERLEE
STREET ADDRESS	850 WOODBINE RD.
CITY, ST, ZIP	PENSACOLA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S ROBERT PAYNE
3.3 STREET ADDRESS	227 CORDOBA STREET
3.4 CITY, ST, ZIP	GULF BREEZE FL 32561
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T JOYCE WHITE
4.3 STREET ADDRESS	201 West Lloyd Street
4.4 CITY, ST, ZIP	Pensacola FL 32501
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Timothy H. Evans* **Timothy H. Evans** 4/27/95 904/432-2053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed) (Typed)

762724

D

Mr. Mike Adkins
6205 Windwood Drive
Pensacola, Florida 32504
904/478-2304

D

Ms. Linda Mills
7757 Folkstone Drive
Pensacola, Florida 32514
904/478-3647

D

Ms. Susan Baker
5267 Berryhill Road
Milton, Florida 32570
904/623-1339

D

Ms. Greta Scruggs
1147 Ellyson Drive
Pensacola, Florida 32503
904/433-3614

D

Ms. Georgia Dixon
1913 North Alcaniz Street
Pensacola, Florida 32503
904/438-1919

D

Mr. John Sherrill, Jr.
3241 Seville Drive
Pensacola, Florida 32503
904/438-6066

D

Ms. Susan Guttman
1210 Goldenrod Road
Cantonment, Florida 32533
904/968-0779

D

Dr. Rand Spiwak
4695 Baywood Drive
Pensacola, Florida 32504
904/477-7897

D

Mr. Steve Harrod
5264 Rowe Trail
Pace, Florida 32571
904/994-0925

D

Reverend John Webb
4530 Chumuckla Highway
Pace, Florida 32571
904/994-5413

D

Ms. Beverly Kaiman
2370 Connell Street
Pensacola, Florida 32503
904/432-6523

D

Ms. Jewel White
1306 East Mallory Street
Pensacola, Florida 32503
904/438-6655

D
Mr. Larry Williams
2660 Thomas Court
Pensacola, Florida 32503
904/433-8180

D
Mr. Jerry Wood
5656 Zinnia Avenue
Milton, Florida 32570
904/623-8689