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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **762724** **(3)**

1. Corporation Name

MANNA FOOD BANK, INC.

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: 04/29/1996
4. FEI Number: 59-2181031	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ROBERT PAYNE		1.2 NAME	Sherlee Aronson	
STREET ADDRESS	3436 HILLSIDE AVE		1.3 STREET ADDRESS	850 Woodbine Dr.	
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SHERLEE ARONSON		2.2 NAME	Doug Lee	
STREET ADDRESS	850 WOODBINE DR		2.3 STREET ADDRESS	3113 E. DeSoto St.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROBBI BRANTLEY		3.2 NAME	Rodger Doyle	
STREET ADDRESS	4161 MADURA RD		3.3 STREET ADDRESS	4 W Gadsden St.	
CITY-ST-ZIP	GULF BREEZE FL		3.4 CITY-ST-ZIP	~~Pensacola, FL 32501~~	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, JOYCE		4.2 NAME		
STREET ADDRESS	201 WEST LLOYD STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EVANS, TIMOTHY H		5.2 NAME		
STREET ADDRESS	1225 LANGLEY AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	ARONSON, SHERLEE		6.2 NAME	Susan Baker	
STREET ADDRESS	850 WOODBINE RD.		6.3 STREET ADDRESS	5267 Berryhill Rd.	
CITY-ST-ZIP	PENSACOLA, FL 00000		6.4 CITY-ST-ZIP	Milton, FL 32570	

CR2E037 (9/96)

14. I do 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 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 _____ DATE