



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90034 017 ****70.00

DOCUMENT # 762724 1. Entity Name MANNA FOOD BANK, INC.					
Principal Place of Business 116 EAST GONZALEZ STREET PENSACOLA, FL 32501 US			Mailing Address P.O. BOX 2582 PENSACOLA, FL 32513 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40095710 	
City & State		City & State		04242007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2181031	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent EVANS, TIMOTHY H 1225 LANGLEY AVE. PENSACOLA, FL 32504			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D BAKER, SUSAN 5267 BERRYHILL ROAD MILTON, FL 325708155 <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	MD EVANS, TIMOTHY H 1225 LANGLEY AVE. PENSACOLA, FL <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	D HOFFMAN, LINDA 30 SOUTH SPRING STREET PENSACOLA, FL 32501 <input checked="" 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	D BAILEY, TOM 500 E RAMONA ST PENSACOLA, FL 32501 <input checked="" 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	D BROCHU, WILLIE 5930 OTTER POINT RD PENSACOLA, FL 32504 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Timothy H. Evans</i> Timothy H. Evans 4/24/07 850-432-2053 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40095710

762724
ADDITIONS TO OFFICERS / DIRECTORS
for Annual Report – box 11

Manna Food Bank, Inc.
2007 Board of Directors

D V

Susan Bullock
510 East Government Street
Pensacola, Florida 32502

D S

Patricia Clay
Post Office Box 12844
Pensacola, Florida 32591

D

Edie Dance
4765 Baywind Drive
Pensacola, Florida 32514

D

Christine Emmanuel
4181 Menendez Road
Pensacola, Florida 32503

D P

Lisa Fairbanks
2563 Sylte Lane
Gulf Breeze, Florida 32563

D

Susan E. Guttman
1210 Goldenrod Road
Cantonment, Florida 32533

D

Matthew Hoffman
206 Palafox Place, 9th Floor
Pensacola, Florida 32502

D

Rob Mackey
3347 Edgewater Drive
Gulf Breeze, Florida 32561

D

Jim Martin
7 Cadiz Street
Gulf Breeze, Florida 32561

D

Bobbie Mistretta
4548 Bohemia Place
Pensacola, Florida 32504

D

Margie Moore
204 Bayou Boulevard
Pensacola, Florida 32503

D

Elizabeth Mrachek
2485 Tronjo Circle
Pensacola, Florida 32503

D

Lori Ripps
4535 Bohemia Place
Pensacola, Florida 32504

D

Casie Thompson
5764 Cacica Street, unit B
Pensacola, Florida 32507

D

Bud Tissington
1732 North 12th Avenue
Pensacola, Florida 32503

D T

Milton Usry (Treasurer)
6553 Terrasanta Drive
Pensacola, Florida 32504

ATTACHMENT
40095710
#762724

FREE MEDICAL CARE CLINICS

St Joseph's Medical Clinic

Established by the St. Joseph
Catholic Church Parish
131 Intendencia St., Pensacola
434-8162
Hours: T & TH 9-12 noon
Walk ins OK

Health and Hope Clinic

A ministry of Pensacola Bay Baptist Association
9999 Chemstrand Rd., Pensacola
479-4456
Hours: W & F 9-12, TH 5:30-7:30 p.m.