2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 762724

Entity Name: MANNA FOOD BANK, INC.

Current Principal Place of Business:

116 EAST GONZALEZ STREET
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2582
PENSACOLA, FL 32513 US

New Mailing Address:

FEI Number: 59-2181031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BULLOCK, SUSAN
Address: 510 E. GOVERNMENT ST.
City-St-Zip: PENSACOLA, FL 32502

Title: MD ( ) Delete
Name: EVANS, TIMOTHY H
Address: 1225 LANGLEY AVE.
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete
Name: BIGGS, GEORGE
Address: P.O. BOX 1552
City-St-Zip: PENSACOLA, FL 32591

Title: D ( ) Delete
Name: PATRICIA, CLAY
Address: P.O. BOX 12844
City-St-Zip: PENSACOLA, FL 32591

Title: D ( ) Delete
Name: COOK, AARON
Address: 200 EDEN LN.
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete
Name: DANCE, EDIE
Address: 4765 BAYWIND DR.
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BULLOCK, SUSAN
Address: 510 E. GOVERNMENT ST.
City-St-Zip: PENSACOLA, FL 32502

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: HOFFMAN, MATTHEW
Address: 4319 GRANDPOINTE PL
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY H. EVANS MD 04/22/2009

Electronic Signature of Signing Officer or Director — Date