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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766620

1. Corporation Name
THE HARRY CHAPIN FOOD BANK OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
2126 ALICIA ST FT MYERS FL 33901	2126 ALICIA ST FT MYERS FL 33901

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/21/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2332120 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOTCHFORD, A.K. HAWLEY
6789 CARMELLE DR
FT MYERS FL 33919

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	TIGWELL, GRANT E		1.2 NAME	YALE FREEMAN	
STREET ADDRESS	46 4TH ST		1.3 STREET ADDRESS	153 WEST AVE.	
CITY-ST-ZIP	BONITA SPRINGS FL 33923		1.4 CITY-ST-ZIP	NAPLES, FL. 33908	
TITLE	PVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, TYLER		2.2 NAME		
STREET ADDRESS	6342 MARK LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33912		2. 4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOTCHFORD, HAWLEY		3.2 NAME		
STREET ADDRESS	6789 CARMELLE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☑ Change ☐ Addition
NAME	CRAMER, GARY		4. 2 NAME	Roger Griffey	
STREET ADDRESS	3986 ASCOT		4.3 STREET ADDRESS	8807 GENEVA ST.	
CITY-ST-ZIP	FT MYERS FL 33919		4.4 CITY-ST-ZIP	FT. myers, FL. 33907	
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WOLFE, KEN		5.2 NAME		
STREET ADDRESS	8366 CHARTER CLUB CIR #2101		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: A.K. Hawley Botch REQUIRED 1/8/99 (941) 334-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #