

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 102000009215

1. Entity Name

First Harvest Food Bank, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4921 Old Winter Garden Rd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 617442

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

Zip

32861

Country

4. FEI Number

27-0100060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Bishop D.M. Vickson

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

4921 Old Winter Garden Rd

City

Orlando

FL

Zip Code

32811

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	Chairman & CEO
NAME	Bishop D.M. Vickson I
STREET ADDRESS	P.O. Box 617442
CITY-ST-ZIP	Orlando, FL 32861
TITLE	Executive Director
NAME	Lula Williams
STREET ADDRESS	1077 Horizon Street
CITY-ST-ZIP	Winter Garden, FL 34787
TITLE	Associate Director
NAME	Lena Clay
STREET ADDRESS	4427 Country Club Dr
CITY-ST-ZIP	Orlando, FL 32804
TITLE	Warehouse Director
NAME	Ken Ulrich
STREET ADDRESS	2814 Malibu Drive
CITY-ST-ZIP	Orlando, FL 32811
TITLE	Operation Director
NAME	Dr. Guy Walden
STREET ADDRESS	10945 Hawthorne Drive
CITY-ST-ZIP	Windermere, FL 34786
TITLE	Transportation Director
NAME	Lennie Goodwin
STREET ADDRESS	7764 Huparth Dr.
CITY-ST-ZIP	Orlando, FL 32835

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

11-2-04 407-253-4883

CR2E037B (12/01)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 NOV -9 PM 12:17

REINSTATEMENT 04

4/26/04 01070 002 \$367.50  
DO NOT WRITE IN THIS SPACE

**"CEPA"**  
***Christian Eternal Prayer Advocates, Inc.***  
***An International Civil Rights Organization***

November 2, 2004

To whom it may concern:

This letter is in reference to First Harvest Food Bank, Inc. and United Christian Grant Services, Inc. Annual Report for 2004, responding to the NOTICE OF DISSOLUTION OR REVOCATION.

Will you please waive all late fees on these two not-for-profit corporations the postal service failed to deliver the letter? Your help and assistance is highly appreciated at this time. Thanks In advance!

Sincerely,

  
Bishop/Dr. O.M. VICKSON I  
Chairman & CEO