

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

05-10-2005 90217 001 ***183.00
N02000009215

FILED

05 MAY 25 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

DOCUMENT # N02000009215

1. Entity Name

FIRST HARVEST FOOD BANK, INC.



Principal Place of Business
4921 OLD WINTER GARDEN RD.
ORLANDO FL 32811

Mailing Address
PO BOX 617442
ORLANDO FL 32861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0100060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VICKSON I, O.M. REV
4921 OLD WINTER GARDEN RD.
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CEO
VICKSON, O M I BISHOP
PO BOX 617442
ORLANDO FL 32861 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ED
WILLIAMS, LULA
1077 HORIZON STREET
WINTER HAVEN GARDEN FL 34787 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
AD
CLAY, LENA
4427 COUNTRY CLUB DR
ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
WD
UNICK, KEN
2814 MALIBU DRIVE
ORLANDO FL 32811 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
OD
WALDEN, GWEN
10845 BAYSHORE DRIVE
WINDERMERE 34 34786 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
TD
GOODWIN, LENNIE
7764 HUFIAINTH DR.
ORLANDO FL 32835 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

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NAME
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CITY- ST- ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

O M Vickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/05

(407) 226-0245