


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90232 001 ***122.50

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		4. FEI Number 27-0100060	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VICKSON I, O.M. REV PR 4921 OLD WINTER GARDEN RD. ORLANDO FL 32811				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	CCEO VICKSON, O M I BISHOP PO BOX 617442 ORLANDO FL 32861 <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	ED WILLIAMS, LULA 1077 HORIZON STREET WINTER HAVEN GARDEN FL 34787 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive President Dr. Lena Clay 4427 W.P. Dodge Drive Orlando, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD CLAY, LENA 4427 COUNTRY CLUB DR ORLANDO FL 32808 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dr. Ken Unick 2814 Malibu Drive Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WD UNICK, KEN 2814 MALIBU DRIVE ORLANDO FL 32811 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Dr. Dollie Vickson 2215 Ravenall Avenue Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OD VICKSON, DOLITE 2215 RAVENALL AVENUE ORLANDO FL 32811 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Dr. Guy Walden 995 State Road - Suite 306 Orlando, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODWIN, LENNIE 7764 HUFIAINTH DR. ORLANDO FL 32835 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice President Dr. Willie Clark 4921 Old Winter Garden Road Orlando, FL 32811 <input checked="" 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 Section 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: *Dr. Willie Clark*

4/18/06 (407)296-0245