2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009215

1. Entity Name

FIRST HARVEST FOOD BANK, INC.

Principal Place of Business	Mailing Address
4921 OLD WINTER GARDEN RD. ORLANDO FL 32811	PO BOX 617442 ORLANDO FL 32861

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
VICKSON I, O.M. DR 4921 OLD WINTER GARDEN RD. ORLANDO FL 32811	Name: Bishop Dr. O. M. Vickson I Street Address (P.O. Box Number is Not Acceptable): 914 St. George Street City: Orlando FL Zip Code: 32805

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 reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Founder + CEO Vickson, O.M. Dr. 914 St. George Street Orlando, FL 32805	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	1VP CLARK, WILLIE DR 4921 OLD WINTER GARDEN RD. ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Chairman + Comptroller Vickson, Lee 13429 Replama Road Victorville, CA 92392	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EP CLAY, LENA 4427 W.D. JUDGE DR. ORLANDO FL 32809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman Clay, Lena 4427 W.D. Judge DR. Orlando, FL 32808	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P UNICK, KEN 2814 MALIBU DRIVE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Executive President Unick, Ken 4449 Malibu Street Orlando FL 32811	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	EVP VICKSON, DOLITE 2215 RAVENALL AVENUE ORLANDO FL 32811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Vickson, Iris 633 19th Street Orlando, FL 32805	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WALDEN, GUY DR 995 STATE RD. STE 306 ORLANDO FL 32714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mares, Felicia 5641 Westview Drive Orlando, FL 32810	☑ Change ☐ 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: O M Vickson Founder + CEO 2/8/07 407-296-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #