

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90117 001 ***245.00

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 - 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

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

VICKSON I, O.M. DR
914 ST. GEORGE ST.
ORLANDO FL 32805

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	FCEO	<input type="checkbox"/> Delete
NAME	VICKSON, O M I BISHOP	
STREET ADDRESS	914 ST. GEORGE ST.	
CITY- ST- ZIP	ORLANDO FL 32805	
TITLE	CC	<input type="checkbox"/> Delete
NAME	VICKSON, LEE	
STREET ADDRESS	13429 PEPALUMA RD.	
CITY- ST- ZIP	VICTORVILLE CA 92392	
TITLE	VC	<input type="checkbox"/> Delete
NAME	CLAY, LENA	
STREET ADDRESS	4427 W.D. JUDGE DR.	
CITY- ST- ZIP	ORLANDO FL 32809	
TITLE	EP	<input type="checkbox"/> Delete
NAME	UNICK, KEN	
STREET ADDRESS	4449 MALIBU ST.	
CITY- ST- ZIP	ORLANDO FL 32811	
TITLE	P	<input type="checkbox"/> Delete
NAME	VICKSON, IRIS	
STREET ADDRESS	633 19TH ST.	
CITY- ST- ZIP	ORLANDO FL 32805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARES, FELICIA	
STREET ADDRESS	5641 WESTVIEW DRIVE	
CITY- ST- ZIP	ORLANDO FL 32810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

OM Vickson - Founder 4/24/08 492206.0245