

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009215

FILED
Aug 06, 2009
Secretary of State

Entity Name: FIRST HARVEST FOOD BANK, INC.

Current Principal Place of Business:

4921 OLD WINTER GARDEN RD.
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

PO BOX 617442
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 27-0100060 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FCEO () Delete
Name: VICKSON, O M I BISHOP
Address: 914 ST. GEORGE ST.
City-St-Zip: ORLANDO, FL 32805

Title: CC () Delete
Name: VICKSON, LEE
Address: 13429 PEPALUMA RD.
City-St-Zip: VICTORVILLE, CA 92392

Title: VC () Delete
Name: CLAY, LENA
Address: 4427 W.D. JUDGE DR.
City-St-Zip: ORLANDO, FL 32809

Title: EP () Delete
Name: UNICK, KEN
Address: 4449 MALIBU ST.
City-St-Zip: ORLANDO, FL 32811

Title: P () Delete
Name: VICKSON, IRIS
Address: 633 19TH ST.
City-St-Zip: ORLANDO, FL 32805

Title: VP () Delete
Name: MARES, FELICIA
Address: 5641 WESTVIEW DRIVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENA CLAY

VC

08/06/2009

Electronic Signature of Signing Officer or Director

Date