


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

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90163 040 \*\*\*\*61.25

<b>DOCUMENT # N03467</b> 1. Entity Name <b>LEESBURG FOOD BANK, INC.</b>	
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Principal Place of Business <b>1305 SUNSHINE AVE. LEESBURG FL 34748 US</b>	Mailing Address <b>1305 SUNSHINE AVE. LEESBURG FL 34748 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>MANN, HARRIETTE E</b> <b>26214 GRASSY SPRAIN ROAD</b> <b>SORRENTO FL 32776</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CD</b> <b>BUTLER, SAMUEL S</b> <b>84 DOCKSIDE DR.</b> <b>LEESBURG FL 34748</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>REV. SKINNER, BETSY</b> <b>509 CR 468</b> <b>FRUITLAND PARK, FL. 34738</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>TD</b> <b>WOJCIKIEWICZ, CHESTER P</b> <b>648 BANNING BEACH RD.</b> <b>TAVARES FL 32778</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>RAMSEY, JON</b> <b>4333 CRY. RD. 152</b> <b>WILLOWOOD, FL. 34785</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Delete <b>VD</b> <b>KIZER, KEITH</b> <b>26005 NEWCOMBE CR</b> <b>LEESBURG FL 34748</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>ADAMS, LOREN G</b> <b>13052 LEMON AVE.</b> <b>LEESBURG FL 34788</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>TD</b> <b>ADAMS, LOREN G</b> <b>13052 LEMON AVE</b> <b>LEESBURG FL 34788</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>HEATER, JEANETTE</b> <b>26630 RACQUET CIR</b> <b>LEESBURG FL 34748</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Delete <b>SD</b> <b>HEATER, JEANETTE</b> <b>26630 RACQUET CIR</b> <b>LEESBURG FL 34748</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>ADAMS, LOREN G</b> <b>13052 LEMON AVE.</b> <b>LEESBURG, FL. 34788</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <b>EXD</b> <b>MANN, HARRIETTE L</b> <b>26214 GRASSY SPRING RD.</b> <b>SORRENTO FL 32776</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input 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:** *Harriette L. Mann*