

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JAN 25 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19939 (0)

1. Corporation Name

"BREAD OF THE MIGHTY" FOOD BANK, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: 6312 N.W. 18TH DRIVE, SUITE #130, GAINESVILLE FL 32607
Mailing Address: PO BOX 5872, GAINESVILLE FL 32602, US

3. Date Incorporated or Qualified: 04/02/1987
3a. Date of Last Report: 01/21/1994

4. FEI Number: 59-2805577
Applied For: Not Applicable

2. Principal Place of Business: 21
2a. Mailing Address: 26

5. Certificate of Status Desired: \$6.75 Additional Fee Required

22. Suite, Apt. #, etc.: 27

6. Election Campaign Financing: \$5.00 May Be Added to Fees

23. City & State: 28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: \$68.75 Supplemental Fee Not Required

24. Zip: 25 Country: 29 Zip: 30 Country:

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAGG, VON
6312 N.W. 18TH DRIVE
GAINESVILLE FL 32607

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	DONOVAN, JACK R
STREET ADDRESS	2814 NW 43RD STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DV
NAME	BRITT, ELIZABETH
STREET ADDRESS	9415 SW 101 AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DS
NAME	ROHAN, ROBERT
STREET ADDRESS	3847 NW 31 PLACE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DT
NAME	DANKNER, LARRY
STREET ADDRESS	1715 NE 7TH TERR
CITY-ST-ZIP	GAINESVILLE FL
TITLE	DE
NAME	GRAGG, VON D
STREET ADDRESS	128 CASTLE DR
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Courtland Collier	
1.3 STREET ADDRESS	830 N.W. 22 Terr.	
1.4 CITY-ST-ZIP	Gainesville, FL 32605-5233	
2.1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sparks Giebeig	
2.3 STREET ADDRESS	Rt. 26	
2.4 CITY-ST-ZIP	Alachua, FL 32615	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S. David Cox	
3.3 STREET ADDRESS	224 S.W. 4 Ave.	
3.4 CITY-ST-ZIP	Gainesville, FL 32601	
4.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gordon Gibby	
4.3 STREET ADDRESS	8129 S.W. 57 Place	
4.4 CITY-ST-ZIP	Gainesville, FL 32608	
5.1 TITLE	DE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Von D. Gragg	
5.3 STREET ADDRESS	4824 S.W. 57 Drive	
5.4 CITY-ST-ZIP	Gainesville, FL 32608	
6.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Tom Breneman	
6.3 STREET ADDRESS	7748 N.E. 36 Street	
6.4 CITY-ST-ZIP	Gainesville, FL 32609	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 1/29/95 (204) 336-0839