

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED  
Jan 25 1996 8:00 am  
Secretary of State

DOCUMENT # **N19939 (0)**  
1. Corporation Name  
**"BREAD OF THE MIGHTY" FOOD BANK, INC.**



Principal Place of Business Mailing Address  
**6312 N.W. 18TH DRIVE SUITE #180 GAINESVILLE FL 32607** **PO BOX 5872 GAINESVILLE FL 32602 US**

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **01/25/1995**  
4. FEI Number **59-2805577** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **761 N.W. 5th St.** 26 **SAME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **GAINESVILLE, Florida** 27  
City & State City & State  
23 **32601** 28  
Zip Zip  
24 Country **ALACHUA,** 29 Country 30

9. Name and Address of Current Registered Agent  
**GRAGG, VON**  
**6312 N.W. 18TH DRIVE**  
**GAINESVILLE FL 32607**

10. Name and Address of New Registered Agent  
81 Name **VON GRASS**  
82 Street Address (P.O. Box Number is Not Acceptable) **4824 S.W. 57 DRIVE**  
83  
84 City **GAINESVILLE** FL 85 Zip Code **32608**

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 617.0503, Florida Statutes.  
SIGNATURE *[Signature]* **VON D. GRASS** DATE **1/17/96**  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>COLLIER, COURTLAND</b>
STREET ADDRESS	<b>830 N.W. 22 TERR.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>SPARKS, GIEBEIG</b>
STREET ADDRESS	<b>RT. 26</b>
CITY-ST-ZIP	<b>ALACHUA FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>COX, S. DAVID</b>
STREET ADDRESS	<b>224 S.W. 4 AVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>GIBBY, GORDON</b>
STREET ADDRESS	<b>8129 S.W. 57 PLACE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>DE</b> <input type="checkbox"/> DELETE
NAME	<b>GRAGG, VON D.</b>
STREET ADDRESS	<b>4824 S.W. 57 DRIVE</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>BRENNEMAN, TOM</b>
STREET ADDRESS	<b>7748 N.E. 36 STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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: *[Signature]* **VON D. GRASS** DATE **1/17/96** 352-3560009  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)