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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morth

Secretary of State

DIVISION OF CORPORATIONS

1997
DOCUMENT #

N19939

(0)

"BREAD OF THE MIGHTY" FOOD BANK, INC.

Principal Place	of Business	Mailing Address			T EBBYLINK MAN KANNA JAKEN NOEMP KOND KOKO DININ I	ARBRE DIDIL DEBIT DIDE	AL MERIT CROT
761 N.W. DTH ST Gainesville fl 32601 US		PO BOX 5872 GAINESVILLE FL 32602-5872 US					
				3. Date incorporated or Qualified 3a. 04/02/1987	Date of Last Re 01/25/199		
2. Principal Place of Business 21 761 N.W. 5th. Street		2a. Mailing Address 26 P.O. Box 5872		4. FEI Number 59-2805577	Applied For Not Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
City & State 23 Gaines	sville, Florida	City & State Gainesville	Gainesville, Florida		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> Added t	
Zφ	Country	Zip	Country		8. This corporation has liability for intangi		. 199.032,
24 32601	25 Alachua		30 Alac	nua	Florida Statutes Yes	<u></u>	
	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Register	30 Agent	
			61	iname			
GRAGG, VON				Street	Address (P.O. Box Number is Not Acceptable)		
4824 S.W 57 DRIVE			83	ļ			
GAINESVILLE FL 32608			63				
,			B4	City		. 85 Zip (	Code
				1		L   3   2   1	
11. Pursuant t	to the provisions of Sections 617.0 egistered agent, or both, in the Sta	502 and 617,1508, Florida Statute de of Florida. Such change was ar	s, the abov uthorized b	e-named v the cor	corporation submits this statement for the purposi- poration's board of directors. I hereby accept the	a of changing it: appointment as	s registered registered
agent. I ar	ni familiar with, and accept the obl	igations of, Section 617.0503, Flor	rida Statute	S.	F,,		
SIGNATURE _							
	Signature: typeo or printed frame of registered (			ent signatur	e required when reinslating) DAT		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	C	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	COLLIER, COURTLAND		1.2 NAME				
STREET ADDRESS	830 N.W. 22 TERR.		1.3 STREE	ADDRESS			
CHY-ST-ZIP	GAINESVILLE FL	<b>————</b>	1.4 CITY-1	ST - ZIP			1.120
TITLE	DP	☐ DELETE	2.1 TITLE			Change	Addition
NAME	SPARKS, GIEBEIG		2.2 NAME				
STREET ADDRESS	RT. 26		2.3 STAEE	ADDRESS			
CITY - ST - ZIP	ALACHUA FL	□ bci ere	2. 4 CITY-	ST-ZIP	•	Change	Addition
TITLE	DV DATES	☐ DELETE	3.1 TITLE			L. Change	Mudilion
NAME	COX, S. DAVID		32 NAME				
STREET ADORESS	224 S.W. 4 AVE			T ADDRESS			
CITY-ST-ZIP TITLE	GAINESVILLE FL	14 DELETE	3.4. City- 4.1 Title	SI-ZIP		Change	Addition
	DS GIBBY, GORDON	E DELETE	4. 2 NAME		Director, Secretary Melchior, Juanita	Jan Cinango	
NAME STREET ADDRESS	8129 S.W. 57 PLACE			r address	P.O. Box 267		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-		Bronson, F1. 32621		
TITLE	DE	DELETE	5.1 TITLE	u ) = 4.15	bronson, Fr. 32821	Change	Addition
NAME	GRAGG, VON D.	<del></del> -	5.2 NAME			•	
STREET ADORESS	4824 S.W.57 DRIVE		5.3 STREE	T ADDRESS	1		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-				
TITLE	DT	☐ DELETE	6.1 TITLE			☐ Change	Addition Addition
NAME	BRENNEMAN, TOM		6.2 NAME				
STREET ADDRESS	7748 N.E. 36 STREET		6.3 STREE	T ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY -	ST-ZIP			
14. I do heret	and the state of t	lied with this filing does not qualify	y for the exi	emption	stated in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that	the
l am an o' appears i	in incidated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed	r supplies that annual report is the or the receiver or trustee empower or an artichment with an add	oe and acc ared to exe ress.	urale and oute this	d that my signature shall have the same legal effect report as required by Chapter 617, Florida Statute	s; and that my r	name

SIGNATURE:

ON D. GRAGG EXECTIVE DIRECTOR

1/6/97

(532) 336-0839

**FILED** 

Feb 05 1997 8:00am

Secretary of State