

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19939

1. Entity Name

"BREAD OF THE MIGHTY" FOOD BANK, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90388 025 \*\*\*\*61.25

Principal Place of Business 761 N.W. 5TH ST. GAINESVILLE FL 32601 US	Mailing Address PO BOX 5872 GAINESVILLE FL 32627-5872 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 5086 Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2805577	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAGG, VON  
 4824 S.W 57 DRIVE  
 GAINESVILLE FL 32608

7. Name and Address of New Registered Agent

Name: James W. Voyles  
 Street Address (P.O. Box Number is Not Applicable): 1704 N.W. 8th Ave  
 City: GAINESVILLE FL Zip Code: 32603

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.

SIGNATURE: *James W. Voyles* James W. Voyles 4-30-00  
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: C NAME: COLLIER, COURTLAND STREET ADDRESS: 830 N.W. 22 TERR. CITY-ST-ZIP: GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE: DP NAME: SPARKS, GIEBEIG STREET ADDRESS: RT. 26 CITY-ST-ZIP: ALACHUA FL	<input type="checkbox"/> Delete
TITLE: DV NAME: COX, S. DAVID STREET ADDRESS: 224 S.W. 4 AVE CITY-ST-ZIP: GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE: DS NAME: MELCHIOR, JUANITA STREET ADDRESS: PO BOX 267 CITY-ST-ZIP: BRONSON FL	<input checked="" type="checkbox"/> Delete
TITLE: DE NAME: GRAGG, VON D. STREET ADDRESS: 4824 S.W. 57 DRIVE CITY-ST-ZIP: GAINESVILLE FL	<input checked="" type="checkbox"/> Delete
TITLE: DT NAME: BRENNEMAN, TOM STREET ADDRESS: 7748 N.E. 36 STREET CITY-ST-ZIP: GAINESVILLE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: CHAIRMEN NAME: JAMES W. VOYLES STREET ADDRESS: 1704 NW 8AVE CITY-ST-ZIP: GAINESVILLE FL 32603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: [Blank] STREET ADDRESS: 21125 Old Bellamy Road CITY-ST-ZIP: Alachua FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: [Blank] STREET ADDRESS: 1831 NW 13 ST STE 6 CITY-ST-ZIP: GAINESVILLE FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EXECUTIVE DIRECTOR NAME: JUANITA MELCHIOR STREET ADDRESS: 10251 NE 92 PL CITY-ST-ZIP: BRONSON FL 32621	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SECRETARY NAME: GORDON GIBBY STREET ADDRESS: 15216 NW 41 AVE CITY-ST-ZIP: NEWBERRY FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: 32608	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James W. Voyles* 4-30-00 352-376-3060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)