

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

0020979

DOCUMENT # N19939

1. Entity Name

"BREAD OF THE MIGHTY" FOOD BANK, INC.

05-10-2001 90184 008 ****61.25

Principal Place of Business

761 N.W. 5TH ST.
 GAINESVILLE FL 32601
 US

Mailing Address

PO BOX 5872
 GAINESVILLE FL 32627
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 5086

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Gainesville, FL

4. FEI Number

59-2805577

Applied For

Not Applicable

Zip

Country

Zip

Country

32627

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 Acceptable)
 1704 N.W. 8 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*
 Signature, typed or printed name of registered agent and title if applicable.

James W. Voyles DP
 (NOTE: Registered Agent signature required when reinstating)

4-30-01
 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	<input type="checkbox"/> Delete
NAME	COLLIER, COURTLAND	
STREET ADDRESS	830 N.W. 22 TERR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SPARKS, GIEBEIG	
STREET ADDRESS	RT. 26	
CITY-ST-ZIP	ALACHUA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COX, S. DAVID	
STREET ADDRESS	224 S.W. 4 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MELCHIOR, JUANITA	
STREET ADDRESS	PO BOX 267	
CITY-ST-ZIP	BRONSON FL	
TITLE	DE	<input type="checkbox"/> Delete
NAME	GRAGG, VON D.	
STREET ADDRESS	4824 S.W.57 DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BRENNEMAN, TOM	
STREET ADDRESS	7748 N.E. 36 STREET	
CITY-ST-ZIP	GAINESVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cox, David B.	
STREET ADDRESS	1125 NW 26 Ter	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James W. Voyles	
STREET ADDRESS	1704 NW 8 Ave	
CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Fonk	
STREET ADDRESS	2121 NW 20 Ter.	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gordon Gibby	
STREET ADDRESS	15216 NW 41 Ave.	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter deBruinn	
STREET ADDRESS	1522 NW 90 Ter	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne H. Voyles	
STREET ADDRESS	1704 NW 8 Ave	
CITY-ST-ZIP	Gainesville, FL 32603-1006	

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* **SIGNATURE REQUIRED** *James W. Voyles* *4-30-01* *352-376-2010*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)