

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90048 048 ****61.25

0065124

DOCUMENT # N19939

1. Entity Name

"BREAD OF THE MIGHTY" FOOD BANK, INC.

Principal Place of Business

Mailing Address

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

P.O. BOX 5086
 GAINESVILLE FL 32627
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOYLES, JAMES W.
1704 NW 8 AVENUE
GAINESVILLE FL 32603

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP Delete
 NAME: VOYLES, JAMES W
 STREET ADDRESS: 1704 NW 8 AVENUE
 CITY-ST-ZIP: GAINESVILLE FL 32603

TITLE: Change Addition
 NAME: Sparks Giebeig
 STREET ADDRESS: 21125 Old Bellamy Rd
 CITY-ST-ZIP: Alachua, FL 32615

TITLE: DP Delete
 NAME: FONK, ALAN
 STREET ADDRESS: 2121 NW 20 TERRACE
 CITY-ST-ZIP: GAINESVILLE FL 32605

TITLE: Change Addition
 NAME: *[Signature]*
 STREET ADDRESS: 1125 NW 36th Ter
 CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE: DC Delete
 NAME: COX, S. DAVID
 STREET ADDRESS: 1125 NW 36 TERRACE
 CITY-ST-ZIP: GAINESVILLE FL 32605

TITLE: Change Addition
 NAME: *[Signature]*
 STREET ADDRESS: 1125 NW 36th Ter
 CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE: DS Delete
 NAME: GIBBY, GORDON
 STREET ADDRESS: 15216 NW 41 AVENUE
 CITY-ST-ZIP: NEWBERRY FL 32669

TITLE: Change Addition
 NAME: *[Signature]*
 STREET ADDRESS: 1125 NW 36th Ter
 CITY-ST-ZIP: GAINESVILLE, FL 32605

TITLE: DT Delete
 NAME: DE BRUIN, PETER
 STREET ADDRESS: 1522 NW 90 TERRACE
 CITY-ST-ZIP: GAINESVILLE FL 32606

TITLE: Change Addition
 NAME: James W. Voyles
 STREET ADDRESS: 1704 NW 8 Ave
 CITY-ST-ZIP: Gainesville, FL 32603

TITLE: M Delete
 NAME: VOYLES, ANNE H
 STREET ADDRESS: 1704 NW 8 AVENUE
 CITY-ST-ZIP: GAINESVILLE FL 32603-1006

TITLE: Change Addition
 NAME: *[Signature]*
 STREET ADDRESS: 1125 NW 36th Ter
 CITY-ST-ZIP: GAINESVILLE, FL 32605

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

352-336-0839

Date

Daytime Phone #

CR2E037 (9/01)