


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT #N19939 1. Entity Name "BREAD OF THE MIGHTY" FOOD BANK, INC.	
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Principal Place of Business 761 N.W. 5TH ST. GAINESVILLE FL 32601 US	Mailing Address P.O. BOX 5086 GAINESVILLE FL 32627 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt #, etc.	NO-T APPLICABLE	Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DP GIEBIEG, SPARKS	
NAME	21125 OLD BELLAMY RD	
STREET ADDRESS	ALACHUA FL 32615	
CITY-ST-ZIP		
TITLE	DR VP FONK, ALAN	<input type="checkbox"/> Delete
NAME	2121 NW 20 TERRACE	
STREET ADDRESS	GAINESVILLE FL 32605	
CITY-ST-ZIP		
TITLE	DC COX, S. DAVID	<input type="checkbox"/> Delete
NAME	1125 NW 36TH TER	
STREET ADDRESS	GAINESVILLE FL 32605	
CITY-ST-ZIP		
TITLE	DS GIBBY, GORDON	<input type="checkbox"/> Delete
NAME	15216 NW 41 AVENUE	
STREET ADDRESS	NEWBERRY FL 32669	
CITY-ST-ZIP		
TITLE	DT VOYLES, JAMES W	<input type="checkbox"/> Delete
NAME	1704 NW 8 AVE	
STREET ADDRESS	GAINESVILLE FL 32603	
CITY-ST-ZIP		
TITLE	M VOYLES, ANNE H	<input type="checkbox"/> Delete
NAME	1704 NW 8 AVENUE	
STREET ADDRESS	GAINESVILLE FL 32603-1006	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	U00000031923	
CITY-ST-ZIP	02/04/04-80167-023 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* 1/29/04 352-375-120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #