


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N19939**  
 1. Entity Name  
 "BREAD OF THE MIGHTY" FOOD BANK, INC.



Principal Place of Business: 761 N.W. 5TH ST. GAINESVILLE, FL 32601 US  
 Mailing Address: P.O. BOX 5086 GAINESVILLE, FL 32627 US

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VOYLES, JAMES W.  
 1704 NW 8 AVENUE  
 GAINESVILLE, FL 32603

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GIEBIEG, SPARKS
STREET ADDRESS	21125 OLD BELLAMY RD
CITY - ST - ZIP	ALACHUA, FL 32615
TITLE	DP
NAME	FONK, ALAN
STREET ADDRESS	2121 NW 20 TERRACE
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	DC
NAME	COX, S. DAVID
STREET ADDRESS	1125 NW 36TH TER
CITY - ST - ZIP	GAINESVILLE, FL 32605
TITLE	DS
NAME	GIBBY, GORDON
STREET ADDRESS	15216 NW 41 AVENUE
CITY - ST - ZIP	NEWBERRY, FL 32669
TITLE	DT
NAME	VOYLES, JAMES W
STREET ADDRESS	1704 NW 8 AVE
CITY - ST - ZIP	GAINESVILLE, FL 32603
TITLE	M
NAME	VOYLES, ANNE H
STREET ADDRESS	1704 NW 8 AVENUE
CITY - ST - ZIP	GAINESVILLE, FL 326031006

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 01/29/05-80003-001 61.25

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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: Anna H. Vaughan, director 1/6/05 352-336-0839  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #