



2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N19939

1. Entity Name
"BREAD OF THE MIGHTY" FOOD BANK, INC.



FILED
05 JUL 26 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
761 N.W. 5TH ST.
GAINESVILLE, FL 32601 US

Mailing Address
P.O. BOX 5086
GAINESVILLE, FL 32627 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

06Z72005 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

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 _____

000058197010
08/03/05--01047--024 **\$61.25

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when forwarding)

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GIEBIG, SPARKS 21125 OLD BELLAMY RD ALACHUA, FL 32615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FONK, ALAN 2121 NW 20 TERRACE GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COX, S. DAVID 1125 NW 38TH TER GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIBBY, GORDON 15216 NW 41 AVENUE NEWBERRY, FL 32669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VOYLES, JAMES W 1704 NW 8 AVE GAINESVILLE, FL 32603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VOYLES, ANNE H 1704 NW 8 AVENUE GAINESVILLE, FL 326031006	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON BLANTON D P.O. BOX 1238 HIGH SPRING, FL 32655	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RESIGNED 4-25-05
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TINA PINKASON D 2820 NW 38TH DR. GAINESVILLE, FL 32605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLY FREEMAN D 25107 SW 1st AVE. NEWBERRY, FL 32669	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RICK WEDER D P.O. BOX 1093 TRENTON, FL 32693	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROCKY CHITTY D 6115 NW 115 PL. ALACHUA, FL 32615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RESIGNED
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TODD LIVINGSTON P 1125 S E 4th St. GAINESVILLE, FL 32601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RESIGNED

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: James W. Voyles Date: 6/27/05 352336-0839

SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR

