


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 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



03102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

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

U00000539911
 05/09/06-80118-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 James W. Voyles 3/24/06 352-336-0839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #