


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-10-2007 90017 035 *****61.25

FILED N19939

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		
2. Principal Place of Business - No P.O. Box # 325 NW 10 Ave		3. Mailing Address P.O. Box 5086			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL 32601		City & State Gainesville, FL		4. FEI Number NOT APPLICABLE	
Zip 32601		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32601		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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: <i>James W. Voyles</i>				DATE: 4/6/07	
Filing Fee is \$61.25 Due by May 1, 2007				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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIEBIEG, SPARKS		NAME	Weider, Rick	
STREET ADDRESS	21125 OLD BELLAMY RD		STREET ADDRESS	P.O. Box 1093	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Trenton, FL 32693	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONK, ALAN		NAME	James, Anna	
STREET ADDRESS	2121 NW 20 TERRACE		STREET ADDRESS	19127 NW 94 Ave	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Alachua, FL 32615	
TITLE	DC	<input type="checkbox"/> Delete	TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, S. DAVID		NAME	Voyles, James	
STREET ADDRESS	1125 NW 38TH TER		STREET ADDRESS	1704 NW 8 Ave	
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP	Gainesville, FL 32603	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBY, GORDON		NAME		
STREET ADDRESS	15216 NW 41 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOYLES, JAMES W		NAME		
STREET ADDRESS	1704 NW 8 AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32603		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOYLES, ANNE H		NAME		
STREET ADDRESS	1704 NW 8 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 326031006		CITY-ST-ZIP		
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 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: <i>Anne H. Voyles</i>				DATE: 4/6/07	
SIGNATURE AND TYPED OR PRINTED NAMES OF OFFICER OR DIRECTOR				DATE	



352-3360839