


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 08:00 AM
Secretary of State


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



Principal Place of Business
 325 NW 10 AVE.
 GAINESVILLE, FL 32601 US

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

DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

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: Anne H. Voyles, James W. Voyles 3-20-08
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, 2008

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

U00000869811
 04/09/08-80064-014 61.25

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 38TH TER GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WEIDER, RICK PO BOX 1093 AVENUE TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JAMES, ANNA 19127 NW 94 AVE. ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M VOYLES, ANNE H. 1704 NW 8 AVENUE GAINESVILLE, FL 328031006

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anne H. Voyles 3/20/08 352.336.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone