

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19939

FILED  
Apr 17, 2009  
Secretary of State

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

**Current Principal Place of Business:**

325 NW 10 AVE.  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5086  
GAINESVILLE, FL 32627 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOYLES, JAMES W  
1704 NW 8 AVENUE  
GAINESVILLE, FL 32603 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: GIEBIG, SPARKS  
Address: 21125 OLD BELLAMY RD.  
City-St-Zip: ALACHUA, FL 32615

Title: DP ( ) Delete  
Name: FONK, ALAN  
Address: 2121 NW 20 TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: DC ( ) Delete  
Name: COX, S. DAVID  
Address: 1125 NW 36TH TER  
City-St-Zip: GAINESVILLE, FL 32605

Title: DS ( ) Delete  
Name: WEIDER, RICK  
Address: PO BOX 1093 AVENUE  
City-St-Zip: TRENTON, FL 32693

Title: DT ( ) Delete  
Name: JAMES, ANNA  
Address: 19127 NW 94 AVE.  
City-St-Zip: ALACHUA, FL 32615

Title: M ( ) Delete  
Name: VOYLES, ANNE H  
Address: 1704 NW 8 AVENUE  
City-St-Zip: GAINESVILLE, FL 326031006

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GIEBIG, SPARKS  
Address: 21125 OLD BELLAMY RD.  
City-St-Zip: ALACHUA, FL 32615

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS (X) Change ( ) Addition  
Name: WEDER, RICK  
Address: PO BOX 1093 AVENUE  
City-St-Zip: TRENTON, FL 32693

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE H VOYLES

M

04/17/2009

Electronic Signature of Signing Officer or Director

Date