

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19939

FILED  
Apr 20, 2011  
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  
Name: COX, S. DAVID  
Address: 1125 NW 36TH TER  
City-St-Zip: GAINESVILLE, FL 32605

Title: DP  
Name: GIEBEIG, SPARKS  
Address: 21125 OLD BELLAMY RD  
City-St-Zip: ALACHUA, FL 32615

Title: DC  
Name: HENDERSON, FRED  
Address: 5522 SW 85 AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: DS  
Name: WEDER, RICK  
Address: PO BOX 1093  
City-St-Zip: TRENTON, FL 32693

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

Title: M  
Name: VOYLES, ANNE H  
Address: 1704 NW 8 AVENUE  
City-St-Zip: GAINESVILLE, FL 32603

I hereby 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 all other like empowered.

SIGNATURE: ANNE H VOYLES

M

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date