

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31167

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: ALL FAITHS FOOD BANK, INC.

## Current Principal Place of Business:

717 CATTLEMEN RD  
SARASOTA, FL 34232 US

## New Principal Place of Business:

## Current Mailing Address:

717 CATTLEMEN RD  
SARASOTA, FL 34232 US

## New Mailing Address:

FEI Number: 65-0115814

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUNN, DAN  
717 CATTLEMEN RD  
SARASOTA, FL 34232 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: VD ( ) Delete  
Name: BLUMENTHAL, MITCH  
Address: 7345 16TH ST  
City-St-Zip: SARASOTA, FL 34243

Title: VDT ( ) Delete  
Name: CORBRIDGE, KELLEY  
Address: 1762 ISLAND WAY  
City-St-Zip: OSPREY, FL 34229

Title: TD ( ) Delete  
Name: VAN CLEEF, ALAN  
Address: 5283 BOX TWATLE CIR  
City-St-Zip: SARASOTA, FL 34232

Title: S ( ) Delete  
Name: ALLBRITTON, MARY  
Address: 3825 MYRTLE  
City-St-Zip: SARASOTA, FL 34235

Title: PD ( ) Delete  
Name: ANDREWS, ANN  
Address: PO BOX 1164  
City-St-Zip: SARASOTA, FL 34230

Title: D ( ) Delete  
Name: DUNN, DAN  
Address: 717 CATTLEMEN  
City-St-Zip: SARASOTA, FL 34232

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: CORBRIDGE, KELLEY  
Address: 1762 ISLAND WAY  
City-St-Zip: OSPREY, FL 34229

Title: VDT (X) Change ( ) Addition  
Name: VAN CLEEF, ALAN  
Address: 5283 BOX TWATLE CIR  
City-St-Zip: SARASOTA, FL 34232

Title: SD (X) Change ( ) Addition  
Name: ALLBRITTON, MARY  
Address: 3825 MYRTLE  
City-St-Zip: SARASOTA, FL 34235

Title: D (X) Change ( ) Addition  
Name: ANDREWS, ANN  
Address: PO BOX 1164  
City-St-Zip: SARASOTA, FL 34230

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAN DUNN

D

01/23/2006

Electronic Signature of Signing Officer or Director

Date