2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N49410

Entity Name: FIRST STEP FOOD BANK, INC.

Current Principal Place of Business:

412 NW 9TH STREET
OCALA, FL 34478

New Principal Place of Business:

Current Mailing Address:

PO BOX 4774
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3131885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEL TORO, PETER
18252 NW 20TH AVE
CITRA, FL 32113 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:	P	( ) Delete
Name:	ROBINSON, STEWART	
Address:	23685 NW HWY 314	
City-St-Zip:	SALT SPRINGS, FL 34432	
Title:	S	( ) Delete
Name:	GRAYSON, JACK	
Address:	5220 NE 76TH COURT	
City-St-Zip:	OCALA, FL 34472	
Title:	T	( ) Delete
Name:	RUBINO, JERRY	
Address:	10946 N AIRWAY LOOP	
City-St-Zip:	CITRUS SPRINGS, FL 34434	
Title:	V	( ) Delete
Name:	STEELE, LARRY	
Address:	2251 NE 19TH AVENUE	
City-St-Zip:	OCALA, FL 34470	
Title:	D	( ) Delete
Name:	LUEBKE, KRESS	
Address:	11604 BOYNTON LN	
City-St-Zip:	NEW PORT RICHEY, FL 34654	
Title:	D	( ) Delete
Name:	CRAIG, MALVIN	
Address:	703 NE 46TH COURT	
City-St-Zip:	OCALA, FL 34470	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PETER DEL TORO EDIR 01/05/2009

Electronic Signature of Signing Officer or Director — Date