

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$115 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:08

DOCUMENT # N93000000285 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF FOOD BANKS, INC.

Principal Place of Business

5850 NW 32ND AVE
MIAMI FL 33142

Mailing Address

5850 NW 32ND AVE
MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

65-0467165

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAY, WILLIAM J
ONE BISCAYNE TOWER STE 2500
2 S BISCAYNE BLVD
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LINANE, MARGARET S
STREET ADDRESS	2515 SHADER RD
CITY ST ZIP	ORLANDO FL 32804
TITLE	D
NAME	KREPCHO, DAVID
STREET ADDRESS	5850 NW 32ND AVE
CITY ST ZIP	MIAMI FL 33142
TITLE	D
NAME	DAVIS, TIMOTHY
STREET ADDRESS	1502 JESSIE ST
CITY ST ZIP	JACKSONVILLE FL 32206
TITLE	C
NAME	BOTCHFORD, HAWLEY
STREET ADDRESS	P.O. BOX 05-0134 N/A
CITY ST ZIP	FT. MYERS FL 33905
TITLE	VCT
NAME	ALEXNADER, LAURA
STREET ADDRESS	607 SOUTH SCHOOL PLAZA
CITY ST ZIP	SARASOTA FL 34237
TITLE	S
NAME	BUCK, KEN
STREET ADDRESS	3424 LAND-O-LAKES BLVD.
CITY ST ZIP	LAND-O-LAKES FL 34639

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

TIMOTHY E. DAVIS

July 18, 1995 904-352-3663