

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000000285 (7)

1. Corporation Name

FLORIDA ASSOCIATION OF FOOD BANKS, INC.

Principal Place of Business

Mailing Address

5850 NW 32ND AVE  
MIAMI FL 331425850 NW 32ND AVE  
MIAMI FL 33142-21173. Date Incorporated or Qualified  
01/21/19933a. Date of Last Report  
02/08/1996

4. FEI Number

65-0467165

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.1506, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME LINNANE, MARGARET S  
STREET ADDRESS 2515 SHADER RD  
CITY-ST-ZIP ORLANDO FL 328041.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME VON D. GRAGG  
1.3 STREET ADDRESS P.O. Box 5872 (761 N.W. 5th. St.)  
1.4 CITY-ST-ZIP Gainesville, FL 32627TITLE D ☐ DELETE  
NAME KREPCHO, DAVID  
STREET ADDRESS 5850 NW 32ND AVE  
CITY-ST-ZIP MIAMI FL 331422.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME SHERRY MURONE  
2.3 STREET ADDRESS 4809 Market Place  
2.4 CITY-ST-ZIP Tallahassee, FL 32303TITLE VCT ☐ DELETE  
NAME DAVIS, TIMOTHY  
STREET ADDRESS 1502 JESSIE ST  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BOTCHFORD, HAWLEY  
STREET ADDRESS 2126 ALICIA STREET  
CITY-ST-ZIP FT. MYERS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE C ☐ DELETE  
NAME ALEXNADER, LAURA  
STREET ADDRESS 717 CATTLEMEN ROAD  
CITY-ST-ZIP SARASOTA FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BUCK, KEN  
STREET ADDRESS 3424 LAND-O-LAKES BLVD.  
CITY-ST-ZIP LAND-O-LAKES FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Von D. Gragg

4/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)