


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA 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 33142**

**5850 NW 32ND AVE
MIAMI FL 33142**

2. Principal Place of Business

2a. Mailing Address

21 2008 BRENGLE AVE

26 2008 BRENGLE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 ORLANDO, FL

City & State
28 ORLANDO, FL

Zip

Country

24 32808

25 ORANGE

Zip

Country

29 32808

30 ORLANDO

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1993

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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
LINNANE, MARGARET S.

82 Street Address (P.O. Box Number is Not Acceptable)
2008 BRENGLE AVE

84 City
ORLANDO

FL

85 Zip Code
32808

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 **Margaret S. Linnane**

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

(NOTE: Registered Agent signature required when reinstating)

April 6, 1998

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINNANE, MARGARET S	
STREET ADDRESS	2515 SHADER RD 2008 BRENGLE AVE.	
CITY - ST - ZIP	ORLANDO FL 32808 32808	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KREPCHO, DAVID	
STREET ADDRESS	5850 NW 32ND AVE	
CITY - ST - ZIP	MIAMI FL 33142	

TITLE	VCT	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, TIMOTHY	
STREET ADDRESS	1502 JESSIE ST	
CITY - ST - ZIP	JACKSONVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOTCHFORD, HAWLEY	
STREET ADDRESS	2126 ALICIA STREET	
CITY - ST - ZIP	FT. MYERS FL	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	ALEXNADER, LAURA	
STREET ADDRESS	717 CATTLEMEN ROAD	
CITY - ST - ZIP	SARASOTA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCK, KEN	
STREET ADDRESS	3424 LAND-O-LAKES BLVD.	
CITY - ST - ZIP	LAND-O-LAKES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINNANE, MARGARET S	
1.3 STREET ADDRESS	2008 BRENGLE AVE	
1.4 CITY - ST - ZIP	ORLANDO FL 32808	

2.1 TITLE	P/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHERRY MURONE	
2.3 STREET ADDRESS	4809 MARKET PLACE	
2.4 CITY - ST - ZIP	TALLAHASSEE FL 32303	

3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VON GRAGG	
3.3 STREET ADDRESS	PO BOX 5872 N/A	
3.4 CITY - ST - ZIP	GAINESVILLE FL 32627	

4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOTCHFORD, HAWLEY	
4.3 STREET ADDRESS	2126 ALICIA STREET	
4.4 CITY - ST - ZIP	FT. MYERS FL 33901-3926	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

6.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BUCK, KEN	
6.3 STREET ADDRESS	7315 BURNS POINT CIRCLE	
6.4 CITY - ST - ZIP	NEW PORT RICHEY FL 34652	

14. I 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: **Ken Buck, Vice President/Treasurer**

April 6, 1998

CR2E037 (10/97)