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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90016 011 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000285

1. Corporation Name

FLORIDA ASSOCIATION OF FOOD BANKS, INC.

Principal Place of Business

2008 BRENGLE AVE
ORLANDO FL 32808
US

Mailing Address

2008 BRENGLE AVE
ORLANDO FL 32808
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/21/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0467165
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution

9. Name and Address of Current Registered Agent

LINANE, MARGARET S
2008 BRENGLE AVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINANE, MARGARET S		1.2 NAME	LINANE, MARGARET S	
STREET ADDRESS	2008 BRENGLE AVE		1.3 STREET ADDRESS	2008 BRENGLE AVE	
CITY-ST-ZIP	ORLANDO FL 32808		1.4 CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	PC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRY MURONE		2.2 NAME	KREPCHO, DAVID	
STREET ADDRESS	4809 MARKET PL		2.3 STREET ADDRESS	5850 NW 32ND AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VON GRAGG		3.2 NAME	GOETZ, AMY	
STREET ADDRESS	P O BOX 5872 N/A		3.3 STREET ADDRESS	717 CATTLEMAN ROAD	
CITY-ST-ZIP	GAINESVILLE FL 32627		3.4 CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTCHFORD, HAWLEY		4.2 NAME		
STREET ADDRESS	2126 ALICIA STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33901		4.4 CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, KEN		5.2 NAME	BUCK, KEN	
STREET ADDRESS	7315 BURNS POINT CIR		5.3 STREET ADDRESS	5829 EHREN CUTOFF	
CITY-ST-ZIP	NEW PT RICHEY FL 34652		5.4 CITY-ST-ZIP	LAND O'LAKES FL 34639	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	DAVIS, TIM	
STREET ADDRESS			6.3 STREET ADDRESS	1502 JESSIE STREET	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JACKSONVILLE FL 32206	

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, with all other like empowered.

SIGNATURE:

Ken Buck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30, 1999 (813) 929-0200

Date Daytime Phone #

CR2E037-(1/198)