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2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
03-18-2002 90084 013 ****70.00

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1. Entity Name

FLORIDA ASSOCIATION OF FOOD BANKS, INC.

Principal Place of Business	Mailing Address
2008 BRENGLE AVE ORLANDO FL 32808 US	2008 BRENGLE AVE ORLANDO FL 32808 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4016 Northwest Passage	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State
Zip: 32303 Country: Leon	Zip / Country

4. FEI Number: 65-0467165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINNANE, MARGARET S 2008 BRENGLE AVE ORLANDO FL 32808	Name: Cindy L Wagner Street Address (P.O. Box Number is Not Acceptable): 4016 Northwest Passage City: Tallahassee FL Zip Code: 32303

8. 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: Cindy L Wagner Cindy L. Wagner 2/8/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINNANE, MARGARET S 2008 BRENGLE AVE ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP President DP Cindy L Wagner 4016 Northwest Passage Tallahassee FL 32303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WAGNER, CINDY 4016 NW PASSAGE TALLAHASSEE FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD Vice-President / Treasurer Brenda Noel 1102 S US #1 Ft Pierce, FL 34950	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HERBERT, SHERRYL 212 N NEWPORT AVE TAMPA FL 33606	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Secretary Dan Grant 1801 E Memorial Blvd Lakeland, FL 33801	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOTCHFORD, HAWLEY 2126 ALICIA STREET FT. MYERS FL 33901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Past President Tim Davis 1502 Jessie St Jacksonville FL 32206	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUCK, KEN 5829 EHREN CUTOFF LAND O'LAKES FL 34639	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, TIM 1502 JESSIE STREET JACKSONVILLE FL 32206	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cindy L Wagner REQUIRED Cindy L. Wagner 2/8/02 (850)562-3033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #