

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N93000000285

1. Entity Name  
FLORIDA ASSOCIATION OF FOOD BANKS, INC.



FILED

04 OCT -7 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4016 NORTHWEST PASSAGE  
TALLAHASSEE, FL 32303 US

Mailing Address  
200 W. COLLEGE AVE SUITE 206  
TALLAHASSEE, FL 32302



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10072004 REIN-NP CR2E099 (6/04)

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

WAGNER, CINDY L  
4016 NORTHWEST PASSAGE  
TALLAHASSEE, FL 32303

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**  
**After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TVP ☐ Delete  
NAME SPRINGER, JENNIFER  
STREET ADDRESS 811 23RD AVENUE E  
CITY-ST-ZIP BRADENTON, FL 34208

TITLE P ☐ Delete  
NAME WAGNER, CINDY  
STREET ADDRESS 4016 NW PASSAGE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE PP ☐ Delete  
NAME DAVIS, TIM  
STREET ADDRESS 1502 JESSIE STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32206

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300041817043  
10/12/04--01042--007 \*\*\$61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #