

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 JUN 14 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000285

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



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

06142005

Chg-NP

CR2E037 (10/03)

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

WAGNER, CINDY L  
4016 NORTHWEST PASSAGE  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name *Andy Nash*

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

*200 W. College Ave 206*

City *Tallahassee*

FL

Zip Code  
*32301*

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

Filing Fee is \$61.25  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

TITLE PP  
NAME DAVIS, TIM ☒ Delete  
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 *David Reaney* ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *c/o 200 W. College Ave, 206*  
CITY-ST-ZIP *Tall, FL 32301*

TITLE *P* ☒ Change ☐ Addition  
NAME *Andy Nash*  
STREET ADDRESS *1502 Jessie St*  
CITY-ST-ZIP *Tallahassee, FL Jacksonville FL*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*32206*  
**100056411201**  
**06/22/05--01004--007 \*\*\$1.25**

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

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

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 #