2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000000285

Entity Name: FLORIDA ASSOCIATION OF FOOD BANKS, INC.

FILED Oct 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Ourient i inicipal i lace of Dusiness.	New I Interput I face of Dasiness

4016 NORTHWEST PASSAGE 325 JOHN KNOX ROAD TALLAHASSEE, FL 32303 US L-103

TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

200 W. COLLEGE AVE SUITE 206 325 JOHN KNOX ROAD TALLAHASSEE, FL 32302 L-103

TALLAHASSEE, FL 32302

FEI Number: 65-0467165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NASN, ANDY
600 W. COLLEGE AVE., 206
TALLAHASSEE, FL 32301 US
KREPCHO, DAVE
2008 BRENGLE AVENUE
ORLANDO, FL 32808 US

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: DAVE KREPCHO 10/24/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T () Delete Title: VP (X) Change () Addition

 Name:
 REUNEY, DAVID
 Name:
 GATTI, JUDITH

 Address:
 C/O 200 W. COLLEGE AVE., 206
 Address:
 5850 N.W. 32ND AVENUE

Address: C/O 200 W. COLLEGE AVE., 206 Address: 5850 N.W. 32ND AVENUE
City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: MIAMI, FL 33142

Title: P () Delete Title: SEC. (X) Change () Addition Name: NASH, ANDY Name: DAVIS, SCOTT

 Address:
 1502 JESSIE ST.
 Address:
 5829 EHREN CUTOFF

 City-St-Zip:
 JACKSONVILLE, FL 32206
 City-St-Zip:
 LAND O LAKES, FL 34639

Title: () Delete Title: PRES () Change (X) Addition

 Name:
 Name:
 KREPCHO, DAVE

 Address:
 Address:
 2008 BRENGLE AVENUE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH GATTI VP 10/24/2006