

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90006 009 ****61.25

DOCUMENT # N93000000285

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



Principal Place of Business
325 JOHN KNOX ROAD
L-103
TALLAHASSEE, FL 32303 US

Mailing Address
325 JOHN KNOX ROAD
L-103
TALLAHASSEE, FL 32303

40011968



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0467165

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREPCHO, DAVE
2008 BRENGLE AVENUE
ORLANDO, FL 32808

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP
NAME GATTI, JUDITH
STREET ADDRESS 5850 N.W. 32ND AVENUE
CITY-STATE-ZIP MIAMI, FL 33142 ☒ Delete

TITLE Y.P./Treasurer
NAME PATRICK Colley
STREET ADDRESS 1502 JESSIE ST
CITY-STATE-ZIP JACKSONVILLE, FL 32306 ☒ Change ☐ Addition

TITLE SEC.
NAME DAVIS, SCOTT
STREET ADDRESS 5829 EHREN CUTOFF
CITY-STATE-ZIP LAND O LAKES, FL 34639 ☒ Delete

TITLE SECRETARY
NAME AL BRISLAIN
STREET ADDRESS 2126 ALICIA STREET
CITY-STATE-ZIP FORT MEYERS, FL 33901 ☒ Change ☐ Addition

TITLE PRES
NAME KREPCHO, DAVE
STREET ADDRESS 2008 BRENGLE AVENUE
CITY-STATE-ZIP ORLANDO, FL 32810 ☒ Delete

TITLE PRES.
NAME DAVE REANCY
STREET ADDRESS 2248 Mable South Street
CITY-STATE-ZIP Theodore, AL 36582 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: M. James McNeil (Exec Dir) 1-20-08 (850) 224-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #