

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0004701

DOCUMENT # N93000000285

1. Entity Name

FLORIDA ASSOCIATION OF FOOD BANKS, INC.



FILED

03 SEP -9 AM 8: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
4016 NORTHWEST PASSAGE
TALLAHASSEE FL 32303
US

Mailing Address
2008 BRENGLE AVE
ORLANDO FL 32808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

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

Cindy L Wagner

8/7/03

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 D ☒ Delete
NAME LINNANE, MARGARET S
STREET ADDRESS 2008 BRENGLE AVE
CITY-ST-ZIP ORLANDO FL 32808

TITLE Treasurer/Vice President ☐ Change ☒ Addition
NAME Jennifer Springer
STREET ADDRESS 811 23rd Ave E
CITY-ST-ZIP Bradenton FL 34208

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

TITLE ~~President~~ At-large ☐ Change ☒ Addition
NAME David Reaney
STREET ADDRESS 5248 Mobile S. St.
CITY-ST-ZIP Theodore, AL 36582

TITLE D ☒ Delete
NAME HERBERT, SHERRY L
STREET ADDRESS 212 N NEWPORT AVE
CITY-ST-ZIP TAMPA FL 33606

TITLE ☐ Change ☐ Addition
NAME 600023366126
STREET ADDRESS 03/26/03--01072--009 **70.00
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BOTCHFORD, HAWLEY
STREET ADDRESS 2126 ALICIA STREET
CITY-ST-ZIP FT. MYERS FL 33901

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

TITLE D ☒ Delete
NAME BUCK, KEN
STREET ADDRESS 5829 EHREN CUTOFF
CITY-ST-ZIP LAND O'LAKES FL 34639

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

TITLE ~~PD~~ Past President ☐ Delete
NAME DAVIS, TIM
STREET ADDRESS 1502 JESSIE STREET
CITY-ST-ZIP JACKSONVILLE FL 32206

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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Cindy L Wagner 8/7/03 850 3033 x15

CR2E037 (4/03)