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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000001638 (5)**

1. Corporation Name

ALL FAITHS FOOD FOUNDATION, INC.

Principal Place of Business	Mailing Address
717 CATTLEMEN ROAD SARASOTA FL 34232 US	717 CATTLEMEN ROAD SARASOTA FL 34232 US

3. Date Incorporated or Qualified: 03/28/1994

4. FEI Number: 65-0481674 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ALL FAITHS FOOD STORE, INC.
717 CATTLEMEN ROAD
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	LOPEZ, JOHN		1.2 NAME	Steve Alexander	
STREET ADDRESS	1819 MAIN ST.-STE. 610		1.3 STREET ADDRESS	1727 Second St #3	
CITY-ST-ZIP	SARASOTA FL 34236		1.4 CITY-ST-ZIP	Sarasota, FL 34236	
TITLE	DS DA	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAILIFF, REV. JAMES D.		2.2 NAME		
STREET ADDRESS	4330 MEADOWLAND CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, CAROLYN		3.2 NAME		
STREET ADDRESS	1858 RINGLING BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP		
TITLE	PS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Jim Walker		4.2 NAME		
STREET ADDRESS	1515 Ringling Blvd.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34230		4.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Peg Matthys		5.2 NAME		
STREET ADDRESS	3982 Wilshire Blvd		5.3 STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34238		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] Mar 31 98