

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001638

1. Entity Name

ALL FAITHS FOOD BANK FOUNDATION, INC.

Principal Place of Business

607 SOUTH SCHOOL AVE.
SARASOTA FL 34237
US

Mailing Address

717 CATTLEMEN RD
SARASOTA FL 34232-2852
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete

NAME ALEXANDER, STEVE
STREET ADDRESS 1727 SECOND ST, # 3
CITY-ST-ZIP SARASOTA FL 34236

TITLE DP ☐ Delete

NAME BAILIFF, REV. JAMES D.
STREET ADDRESS 4330 MEADOWLAND CIRCLE
CITY-ST-ZIP SARASOTA FL

TITLE DT ☐ Delete

NAME STRICKLAND, CAROLYN
STREET ADDRESS 1858 RINGLING BLVD
CITY-ST-ZIP SARASOTA FL

TITLE DS ☐ Delete

NAME WALKER, JIM
STREET ADDRESS 1515 RINGLING BLVD
CITY-ST-ZIP SARASOTA FL 34230

TITLE S ☐ Delete

NAME MATTYS, PEG
STREET ADDRESS 5982 WILSHIRE BLVD
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME MATTHYS, PEG
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:

Peg N. Matthis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90007 002 ****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0481674
Applied For
Not Applicable

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

CR2E037 (9/99)