

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

01-29-2004 90082017****61.00
N94000001638

04 FEB -3 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

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 US		
2. Principal Place of Business 717 CATTLEMEN RD		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA, FL 34232		City & State		4. FEI Number 65-0481674	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Daniel B. Dunn Street Address (P.O. Box Number is Not Acceptable) All Faiths Food Bank 717 Cattlemen Road City Sarasota FL Zip Code 34232		
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 Daniel B. Dunn <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P ALEXANDER, STEVE 1727 SECOND ST, # 3 SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAILIFF, REV. JAMES D. 4330 MEADOWLAND CIRCLE SARASOTA FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STRICKLAND, CAROLYN 1858 RINGLING BLVD SARASOTA FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WALKER, JIM 1515 RINGLING BLVD SARASOTA FL 34230	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHYS, PEG 5982 WILSHIRE BLVD SARASOTA FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLY CORBRIDGE TREAS 1762 ISLAND WAY OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. CAROLYN WALKER 240 S. ORANGE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Date Citytime Phone #