

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001638

FILED
Jan 31, 2008
Secretary of State

Entity Name: ALL FAITHS FOOD BANK FOUNDATION, INC.

Current Principal Place of Business:

717 CATTLEMEN RD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

717 CATTLEMEN RD
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 65-0481674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, DANIEL E
ALL FAITH FOOD BANK
717 CATTLEMEN RD
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HECKER, SUSAN
Address: 200 S ORANGE
City-St-Zip: SARASOTA, FL 34236

Title: T () Delete
Name: CORBRIDGE, KELLEY
Address: 1762 ISLAND WAY
City-St-Zip: OSPREY, FL 34229

Title: DT () Delete
Name: SCOTT, NEIL
Address: 1800 SECOND ST., STE. 818
City-St-Zip: SARASOTA, FL 34236

Title: DS () Delete
Name: WALKER, JIM
Address: 1515 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34230

Title: S () Delete
Name: MATTHYS, PEG
Address: 5982 WILSHIRE BLVD
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY CORBIDGE

MR

01/31/2008

Electronic Signature of Signing Officer or Director

Date