2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2025
Secretary of State
4979021508CC

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Entity Name: REGIONAL FOOD BANK OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

5245 OLD KINGS ROAD
JACKSONVILLE, FL 32254

Current Mailing Address:

5245 OLD KINGS ROAD
JACKSONVILLE, FL 32254 US

FEI Number: 46-5014769

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WACHS, ALAN S
50 N. LAURA STREET, SUITE 2600
JACKSONVILLE, FL 32202 US

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

Officer/Director Detail :

Title	BOARD MEMBER
Name	WACHS, ALAN
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	WISE, LISHA
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	BROWN, LEN
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD VICE CHAIR
Name	BAKER, RUSSELL
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	CEO
Name	KING, SUSAN
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	JONES, MIA
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	MARTINO, JOSH
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD CHAIR
Name	RAJHANSA, DIPAK
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

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I hereby 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 all other like empowered.

SIGNATURE: SUSAN KING — PRESIDENT AND CEO — 04/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	BOARD MEMBER
Name	CAMPOS, CARIN
Address	5245 OLD KINGS ROAD UNITS D/E
City-State-Zip:	JACKSONVILLE FL 32254

Title	TREASURER
Name	HAYDEN, GAVIN
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	SECRETARY
Name	BUCHANAN, MARLA
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	SHARMA, ANURAG
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	PROVENZANO, CRAIG
Address	5245 OLD KINGS ROAD UNITS D/E
City-State-Zip:	JACKSONVILLE FL 32254

Title	GOVERNANCE CHAIR
Name	PITTENGER, LINDA
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	CLEMENTS, POPPY
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254

Title	BOARD MEMBER
Name	RUEGER, TED
Address	5245 OLD KINGS ROAD
City-State-Zip:	JACKSONVILLE FL 32254