

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000006025

Entity Name: FLORIDA FOOD BANK, INC.**Current Principal Place of Business:**2240 HOME AGAIN ROAD
APOPKA, FL 32712**Current Mailing Address:**2240 HOME AGAIN ROAD
APOPKA, FL 32712 US**FEI Number:** 83-0652891**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WHITE, MALCOLM
2240 HOME AGAIN ROAD
APOPKA, FL 32712 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	P
Name	WHITE, MICHAEL HUGH
Address	2240 HOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

Title	SECR
Name	WHITE, MALCOLM R
Address	2240 HOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

Title	VP/T
Name	WHITE, FLORENCE R
Address	2240 AHOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

Title	DIR
Name	WHITE, MALCOLM
Address	2240 HOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

Title	DIR
Name	TAYLOR, TONY A
Address	2240 HOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	WILSON, ANGELA
Address	2240 HOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	GRANT, ALANA
Address	2240 HOME AGAIN ROAD
City-State-Zip:	APOPKA FL 32712

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: MALCOLM WHITE**DIRECTOR****04/30/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date