

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000285

**Entity Name:** FLORIDA ASSOCIATION OF FOOD BANKS, INC.**Current Principal Place of Business:**3760 FOWLER STREET  
FORT MYERS, FL 33907**Current Mailing Address:**3760 FOWLER STREET  
FORT MYERS, FL 33907 US**FEI Number:** 65-0467165**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MYERS,BRETT HOLTZ & COMPANY, P.A.  
12671 WHITEHALL DRIVE  
FORT MYERS, FL 33907 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 VP  
Name VALEZ, FRANCISCO PACO  
Address 3760 FOWLER ST.  
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT  
Name CONWELL, MARCIA  
Address 325 NW 10TH AVENUE  
City-State-Zip: GAINESVILLE FL 32627

Title TREASURER  
Name LONG, KIM  
Address 625 MCCUE ROAD, SUITE #2  
City-State-Zip: LAKELAND FL 33815

Title DIRECTOR  
Name REANEY, DAVE  
Address 5248 MOBILE SOUTH ST  
City-State-Zip: THEODORE AL 36582

Title ED  
Name SAFLEY, ROBIN  
Address 3760 FOWLER ST.  
City-State-Zip: FORT MYERS FL 33901

Title SECRETARY  
Name FRANK, SANDRA  
Address 8171 BLAIKIE COURT  
City-State-Zip: SARASOTA FL 34240

Title DIRECTOR  
Name KREPCHO, DAVE  
Address 411 MERCY DR.  
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR  
Name MANTZ, THOMAS  
Address 4702 TRANSPORT DRIVE BLDG 6  
City-State-Zip: TAMPA FL 33605-5940

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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:** ROBIN SAFLEY**EXECUTIVE DIRECTOR****04/21/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DEL TORO, PETER  
Address 412 NW 9TH ST.  
City-State-Zip: OCALA FL 34478

Title DIRECTOR  
Name CRUZ, JUDITH  
Address 401 ANGLE ROAD  
City-State-Zip: FORT PIERCE FL 34947

Title DIRECTOR  
Name CROTEAU, JIM  
Address 4446 ENTREPOT BLVD  
City-State-Zip: TALLAHASSEE FL 32310

Title DIRECTOR  
Name SLOAN, CINDY  
Address 811 23RD AVE EAST  
City-State-Zip: BRADENTON FL 34208

Title DIRECTOR  
Name EDWARDS, SUZANNE  
Address 258 NW BURK AVE.  
City-State-Zip: LAKE CITY FL 32055