

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 738564

1. Corporation Name
THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.

Principal Place of Business: 215 N. 1ST STREET LAKE WALES FL 33853
 Mailing Address: 215 N. 1ST STREET LAKE WALES FL 33853



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	City & State	27	City & State	59-1745951	Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BYRON BIDDLE 215 N. 1ST STREET LAKE WALES FL 33853				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85
				TALLAHASSEE			32311

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 1-15-99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATES, ROBERT P	1.2 NAME	TRUEBLOOD, FELICITY
STREET ADDRESS	RM 349 FOOD SCIENCE & NUTRITION UF	1.3 STREET ADDRESS	BOX 62
CITY-ST-ZIP	GAINSVILLE FL 32611	1.4 CITY-ST-ZIP	MELROSE, FL 32666
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOWIE, GEORGE	2.2 NAME	
STREET ADDRESS	215 N 1ST ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP	
TITLE	PO <input type="checkbox"/> DELETE	3.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, GARY	3.2 NAME	
STREET ADDRESS	215 N 1ST ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRON BIDDLE	4.2 NAME	
STREET ADDRESS	215 N 1ST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PAULISH, BOB
STREET ADDRESS		5.3 STREET ADDRESS	331 LEWIS RD,
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LITHIA, FL 33547
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1-15-99 (850) 977-6754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F037 (11/98)