


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90050 011 ****61.25

DOCUMENT # 738564
 1. Entity Name
 THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.



Principal Place of Business
 343 W. CENTRAL AVE.
 UNIT 1
 LAKE WALES, FL 33853

Mailing Address
 343 W. CENTRAL AVE.
 UNIT 1
 LAKE WALES, FL 33853

03000000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02232004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1745951

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PAULISH, BOB
 331 LEWIS ROAD
 LITHIA, FL 33547

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	LAUGHMAN, JOHANNE	
STREET ADDRESS	100 SELAH WAY	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAULISH, BOB	
STREET ADDRESS	331 LEWIS RD	
CITY-ST-ZIP	LITHIA, FL 33547	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANGER, JAMES	
STREET ADDRESS	4525 EAGLES NEST RD	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MULLINS, KEITH	
STREET ADDRESS	640 DREW	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bob Paulish* **BOB PAULISH** **2/26/2004** **(813)633-0500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #