


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90035 023 ****70.00

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

40017078



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02052005 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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 checked="" 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		<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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT THROOP	
STREET ADDRESS	112 TIGER LANE	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	PD	<input checked="" 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: Robert J Paulish **ROBERT J PAULISH** 2/5/05 813-633-0500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #