


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90001 036 ****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
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2. Principal Place of Business 331 LEWIS ROAD	3. Mailing Address 331 LEWIS ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State LITHIA FL	City & State LITHIA FL	4. FEI Number 59-1745951	Applied For <input type="checkbox"/>
Zip 33547	Country USA	Country USA	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME THROOP, ROBERT	
STREET ADDRESS 112 TIGER LANE	
CITY-ST-ZIP SATSUMA FL 32189	
TITLE P	<input type="checkbox"/> Delete
NAME PAULISH, BOB	
STREET ADDRESS 331 LEWIS RD	
CITY-ST-ZIP LITHIA FL 33547	
TITLE SD	<input checked="" 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	
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 DONNIE NETTLES	
STREET ADDRESS 1290 KNECHT ROAD NE	
CITY-ST-ZIP PALM BAY FL 32905	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RUTHANN THROOP	
STREET ADDRESS 112 TIGER LANE	
CITY-ST-ZIP SATSUMA FL 32189	
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 exemptions contained in Section 119, 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 Throop* **PRESIDENT** 2/17/2006 813-833-3194