


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90021 020 \*\*\*\*61.25

**DOCUMENT # 738564**

1. Entity Name  
**THE FLORIDA GRAPE GROWERS ASSOCIATION, INC.**



Principal Place of Business  
**111 YELVINGTON ROAD  
 SUITE #1  
 EAST PALATKA, FL 32131**

Mailing Address  
**111 YELVINGTON ROAD  
 SUITE #1  
 EAST PALATKA, FL 32131**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1745951**

Applied For  
 Not Applicable

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

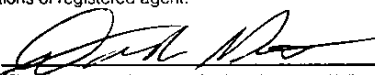
6. Name and Address of Current Registered Agent

**GOOLSBY, SUSAN  
 111 YELVINGTON ROAD SUITE #1  
 EAST PALATKA, FL 32131**

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 **1/18/08**

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, 2008**

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	P	<input type="checkbox"/> Delete
NAME	NETTLES, DONNIE	
STREET ADDRESS	1290 KNECHT ROAD NE	
CITY-ST-ZIP	PALM BAY, FL 32905	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ASCOLILLO, FRANK	
STREET ADDRESS	PO BOX 1750	
CITY-ST-ZIP	LECANTO, FL 34460	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THROPP, RUTHANN	
STREET ADDRESS	112 TIGER LANE	
CITY-ST-ZIP	SATSUMA, FL 32189	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHOOK, VINCE	
STREET ADDRESS	1500 PASADENA AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707	
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 exemptions contained in Chapter 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 lines empowered.

SIGNATURE:  DATE **1/18/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR