## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 790481**

Entity Name: GOLD KIST INC.

FILED May 03, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 244 PERIMETER PARKWAY CENTER NE P.O. BOX 2210 ATLANTA, GA 30301 **Current Mailing Address: New Mailing Address:** 244 PERIMETER PARKWAY CENTER NE P.O. BOX 2210 ATLANTA, GA 30301 FEI Number: 58-0255560 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HENDERSON, JEFFERY A Name: Name: 597 HENDERSON BEND ROAD, NW Address: Address: City-St-Zip: CALHOUN, GA 307018506 City-St-Zip: Title: CEOP () Delete Title: () Change () Addition BEKKERS, JOHN Name: Name: Address: P. O. BOX 2210 Address: City-St-Zip: ATLANTA, GA 303012210 City-St-Zip: Title: CFOT () Delete Title: CFOV (X) Change ( ) Addition WEST, STEPHEN O WEST, STEPHEN O Name: Name: Address: 2015 RIVERMEADE WAY, NW Address: 2015 RIVERMEADE WAY, NW City-St-Zip: ATLANTA, GA 303272017 City-St-Zip: ATLANTA, GA 303272017 Title: **SVPA** ( ) Delete Title: () Change () Addition Name: STIMPERT, MICHAEL A Name: 2969 ROCKINGHAM DR., N.W. Address: Address: City-St-Zip: ATLANTA, GA 303271230 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition SMITH, WILLIAM A SMITH, WILLIAM A Name: Name: RT 2, BOX 205 Address: Address: RT 2. BOX 205 ARLINGTON, GA 317139643 ARLINGTON, GA 398139643 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition REEVES, DOUGLAS A Name: Name: Address: 415 INDEPENDENT SCHOOL ROAD Address: REEVESVILLE, SC 294714546 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN O. WEST CFOV 05/03/2004

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