2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790684

FILED Jan 16, 2006 Secretary of State

Entity Name: NATIONAL WATERMELON ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
105 N. COL PLANT CIT	LINS ST. Y, FL 33563	US		SUITE 1, O	LK JR. BLVD. FFICES 3&4 Y, FL 33563	US		
Current Mailing Address:				New Mailing Address:				
105 N. COL PLANT CIT	LLINS ST. Y, FL 33563	US		SUITE 1, B	LK JR. BLVD. OX 4 Y, FL 33563	US		
FEI Number:	58-0551994	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate	e of Status Desired	1()
Name and	Address of Cเ		Name and Address of New Registered Agent:					
DIXON, AMANDA H SECTREA 105 N. COLLINS STREET PLANT CITY, FL 33563 US				DIXON, AMANDA H SECTREA 1305 W. MLK JR. BLVD. SUITE 1, BOX 4 PLANT CITY, FL 33563 US				
The above in the State		ubmits this statement for the pu	irpose o	f changing it	s registered o	ffice or re	gistered agent, o	or both,
SIGNATUR	RE: AMANDA I	H DIXON				01.	/16/2006	
	Electronic	Signature of Registered Agen	nt			С	ate	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD () [JACKSON, BREN 2905 ERNEST W AUTRYVILLE, NO	/ILLIAMS ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	C ()E LAND, JODY CH 304 SOUTHWES BRANFORD, FL	T SWANEE AVE.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	1 V () E O'NEAL, BRADLE 10114 COLUMBI FAIRFAX, SC 29	A HWY.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	2 V () E BORDERS, NOW 20011 N HOEHN EDINBURG, TX			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	` '			Title: Name: Address: City-St-Zip:	EXD (X) MORRISSEY, F 1305 W. MLK J PLANT CITY, FI	R. BLVD. S	EX. DIR UITE 1, BOX 4	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	SECT () DIXON, AMAND 1305 W. MLK J PLANT CITY, FI	R. BLVD. S	•	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AMANDA H DIXON SECT 01/16/2006