

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791043

FILED
Mar 14, 2007
Secretary of State

Entity Name: FLORIDA TOMATO EXCHANGE

Current Principal Place of Business:

800 TRAFALGAR COURT
SUITE 300
MAITLAND, FL 32751 US

New Principal Place of Business:

Current Mailing Address:

800 TRAFALGAR COURT
SUITE 300
MAITLAND, FL 32751 US

New Mailing Address:

FEI Number: 59-1564849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, REGINALD L
800 TRAFALGAR COURT
SUITE 300
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: CARPENTER, KERN
Address: 18285 S.W. 264TH STREET
City-St-Zip: HOMESTEAD, FL 33031 US

Title: VD () Delete
Name: NEILL, DAVID
Address: P.O. BOX 2547
City-St-Zip: FT. PIERCE, FL 34954 US

Title: SD () Delete
Name: TAYLOR, JAY
Address: P.O. BOX 1087
City-St-Zip: PALMETTO, FL 34220 US

Title: EV () Delete
Name: BROWN, REGINALD L
Address: 800 TRAFALGAR COURT, SUITE 300
City-St-Zip: MAITLAND, FL 32751

Title: TD () Delete
Name: GRAINGER, JAMES
Address: P.O. BOX 20938
City-St-Zip: BRADENTON, FL 34204

Title: PD () Delete
Name: MURRAH, DAVID
Address: P.O. BOX 3207
City-St-Zip: IMMOKALEE, FL 34143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DIMARE, TONY
Address: P.O. BOX 967
City-St-Zip: RUSKIN, FL 33575 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: REGINALD L BROWN

EV

03/14/2007

Electronic Signature of Signing Officer or Director

_____ Date