

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL 31 PM 12: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N32521 (9)**

1. Corporation Name

**FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS, I NC.**

Principal Place of Business Mailing Address  
PO BOX 12311 PO BOX 12311  
GAINESVILLE FL 32604 GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/25/1989</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>59-3006664</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29
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9. Name and Address of Current Registered Agent  
**HOWELL, WADE  
RT. 1, BOX 116  
JENNINGS FL 32053**

10. Name and Address of New Registered Agent  
81 Name  
**Marty Mesh**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2321 NW 66th Court**  
83  
**Bay e-4**  
84 City  
**Gainesville** 85 Zip Code  
**FL 32653**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Marty Mesh* DATE: **7/25/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>HOWELL, WADE</b>	1.1 TITLE <b>PD</b>	NAME <b>Van Lewis</b>
STREET ADDRESS <b>RT. 1, BOX 116</b>	CITY - ST - ZIP <b>JENNINGS FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>1841 Thomasville Rd.</b>
		1.4 CITY - ST - ZIP	<b>Tallahassee, FL 32303</b>
TITLE <b>VD</b>	NAME <b>LAURIAULT, ROBERT N</b>	2.1 TITLE <b>D</b>	NAME <b>Bill Dirnberger</b>
STREET ADDRESS <b>RT. 3, BOX 1250</b>	CITY - ST - ZIP <b>MELROSE FL 32666</b>	2.2 NAME	2.3 STREET ADDRESS <b>18900 SW 304 St</b>
		2.4 CITY - ST - ZIP	<b>Homestead FL 33030</b>
TITLE <b>TD</b>	NAME <b>MESH, MARTY</b>	3.1 TITLE <b>D</b>	NAME <b>Betty O'Tool</b>
STREET ADDRESS <b>2211 N.W. 49TH TER.</b>	CITY - ST - ZIP <b>GAINESVILLE FL 32605</b>	3.2 NAME	3.3 STREET ADDRESS <b>PO Box 268</b>
		3.4 CITY - ST - ZIP	<b>Madison FL 32340</b>
TITLE <b>SD</b>	NAME <b>BRIGGS, JAMES</b>	4.1 TITLE <b>D</b>	NAME <b>Bill Fischer</b>
STREET ADDRESS <b>6855 GREENSWAMP RD</b>	CITY - ST - ZIP <b>CLERMONT FL</b>	4.2 NAME	4.3 STREET ADDRESS <b>4180 47 St</b>
		4.4 CITY - ST - ZIP	<b>Sarasota FL 34235</b>
TITLE	NAME	5.1 TITLE <b>D</b>	NAME <b>Lynn Steward</b>
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME	5.3 STREET ADDRESS <b>RR 2 Box 786</b>
		5.4 CITY - ST - ZIP	<b>Arcadia FL 33824</b>
TITLE	NAME	6.1 TITLE <b>VD</b>	NAME <b>vacant</b>
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME	6.3 STREET ADDRESS
		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed), or on an attached sheet with an address.

SIGNATURE: *Marty Mesh* DATE: **7/25/95** 904-377-6345

CR2037 (3/95)