

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N32521** (9)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**PO BOX 12311
GAINESVILLE FL 32604**

**PO BOX 12311
GAINESVILLE FL 32604**

3. Date Incorporated or Qualified
05/25/1989

3a. Date of Last Report
07/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESH, MARTY
2321 NW 68TH CT
BAY E-4
GAINESVILLE FL 32653**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LEWIS, VAN
STREET ADDRESS 1841 THOMASVILLE RD
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

TITLE VD
NAME LAURIAULT, ROBERT N
STREET ADDRESS RT. 3, BOX 1250
CITY-ST-ZIP MELROSE FL 32666 ☒ DELETE

TITLE TD
NAME MESH, MARTY
STREET ADDRESS 2211 N.W. 49TH TER.
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ DELETE

TITLE SD
NAME BRIGGS, JAMES
STREET ADDRESS 6855 GREENSWAMP RD
CITY-ST-ZIP CLERMONT FL ☐ DELETE

TITLE D
NAME DIRNBERGER, BILL
STREET ADDRESS 18900 SW 304TH ST
CITY-ST-ZIP HOMESTEAD FL ☐ DELETE

TITLE D
NAME O'TOOL, BETTY
STREET ADDRESS P O BOX 268
CITY-ST-ZIP MADISON FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☒ Addition
12 NAME Briggs, Jim
13 STREET ADDRESS 6855 Greenswamp Rd
14 CITY-ST-ZIP Clermont FL 34711

21 TITLE VD ☒ Change ☒ Addition
22 NAME Dirnberger, Bill
23 STREET ADDRESS 18900 SW 304th St
24 CITY-ST-ZIP Homestead, FL 33030

31 TITLE TD ☒ Change ☒ Addition
32 NAME Stettner, Chris
33 STREET ADDRESS PO Box 965
34 CITY-ST-ZIP Lake Alfred, FL 33850

41 TITLE SD ☒ Change ☒ Addition
42 NAME Donahue, Robert
43 STREET ADDRESS 1353 Myakka Rd
44 CITY-ST-ZIP Sarasota, FL 34240

51 TITLE Executive Director ☒ Change ☐ Addition
52 NAME Mesh, Marty
53 STREET ADDRESS 2211 NW 49th Ter.
54 CITY-ST-ZIP Gainesville, FL 32605

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 119.07(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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

Date

352-377-6345

Daytime Phone #

CR2E037 (12/95)