

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32604PO BOX 12311
GAINESVILLE FL 32604-03113. Date Incorporated or Qualified
05/25/19893a. Date of Last Report
04/22/19964. FEI Number
59-3006664Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESH, MARTY
2321 NW 66TH CT
BAY E
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **BRIGGS, JIM**
STREET ADDRESS **6855 GREENSWAMP RD**
CITY-ST-ZIP **CLERMONT FL**1.1 TITLE **President** Change ☒ Addition
1.2 NAME **Jim Briggs**
1.3 STREET ADDRESS **6855 Greenswamp Road**
1.4 CITY-ST-ZIP **CLERMONT FL 34771**TITLE **VD** ☒ DELETE
NAME **DIMBERGER, BILL**
STREET ADDRESS **18900 SW 304TH ST**
CITY-ST-ZIP **HOMESTEAD FL**2.1 TITLE **Vice President** Change ☐ Addition ☒
2.2 NAME **Bill Dimberger**
2.3 STREET ADDRESS **18900 Sw 304th St**
2.4 CITY-ST-ZIP **Homestead, FL 33030**TITLE **TD** ☒ DELETE
NAME **STETTNER, CHRIS**
STREET ADDRESS **P. O. BOX 965**
CITY-ST-ZIP **LAKE ALFRED FL**3.1 TITLE **Treasurer** Change ☐ Addition ☒
3.2 NAME **Chris Stettner**
3.3 STREET ADDRESS **Po Box 965 (N/A)**
3.4 CITY-ST-ZIP **LAKE ALFRED, FL 33850**TITLE **SD** ☒ DELETE
NAME **DONOHUE, ROBERT**
STREET ADDRESS **1363 MYAKKA ROAD**
CITY-ST-ZIP **SARASOTA FL**4.1 TITLE **Secretary** Change ☐ Addition ☒
4.2 NAME **Robert Donohue**
4.3 STREET ADDRESS **1363 Myakka Road**
4.4 CITY-ST-ZIP **Sarasota, FL 34240**TITLE **ED** ☐ DELETE
NAME **MESH, MARTY**
STREET ADDRESS **2211 NW 49TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**5.1 TITLE **Executive Director** Change ☐ Addition ☒
5.2 NAME **Marty Mesh**
5.3 STREET ADDRESS **2211 NW 49th Terrace**
5.4 CITY-ST-ZIP **Gainesville, FL 32603**TITLE **D** ☒ DELETE
NAME **O'TOOL, BETTY**
STREET ADDRESS **P O BOX 288**
CITY-ST-ZIP **MADISON FL**6.1 TITLE **Director** Change ☐ Addition ☒
6.2 NAME **Chris Olson**
6.3 STREET ADDRESS **Rt 1 Box 96AA**
6.4 CITY-ST-ZIP **Greenville, FL 32331**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #0010772

MESH, MARTY 3/11/97 (352)377-6345

CR2E037 (9/96)