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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

4. FEI Number

**59-3006664**

Applied For

Not Applicable

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 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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

**P  
NAME BRIGGS, JIM  
STREET ADDRESS 6855 GREENSWAMP RD.  
CITY-ST-ZIP CLERMONT FL**

1.2 TITLE ☐ DELETE

**VP  
NAME DIRNBERGER, BILL  
STREET ADDRESS 18900 SW 304TH ST  
CITY-ST-ZIP HOMESTEAD FL**

1.3 TITLE ☐ DELETE

**T  
NAME STETTNER, CHRIS  
STREET ADDRESS P.O. BOX 985 N/A  
CITY-ST-ZIP LAKE ALFRED FL**

1.4 TITLE ☐ DELETE

**S  
NAME DONOHUE, ROBERT  
STREET ADDRESS 1363 MYAKKA ROAD  
CITY-ST-ZIP SARASOTA FL**

1.5 TITLE ☐ DELETE

**ED  
NAME MESH, MARTY  
STREET ADDRESS 2211 NW 49TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL**

1.6 TITLE ☐ DELETE

**D  
NAME OLSON, CHRIS  
STREET ADDRESS RT. 1, BOX 98AA  
CITY-ST-ZIP GREENVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 # 0010794

CR2E037 (10/97)