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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90114 050 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32521**

1. Corporation Name

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

Principal Place of Business  
PO BOX 12311  
GAINESVILLE FL 32604

Mailing Address  
PO BOX 12311  
GAINESVILLE FL 32604



2. Principal Place of Business 21 4055 NW 43rd St. Suite, Apt. #, etc. 22 Suite 26 City & State 23 Gainesville, FL Zip 24 32606 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 05/25/1989 4. FEI Number 59-3006664 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**MESH, MARTY**  
2321 NW 66TH CT  
BAY E-4  
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name Mesh, Marty	82 Street Address (P.O. Box Number is Not Acceptable) 4055 NW 43rd Street	83 Suite 26	84 City Gainesville	85 Zip Code 32606
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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 NAME STREET ADDRESS CITY-ST-ZIP	P BRIGGS, JIM 6855 GREENSWAMP RD. CLERMONT FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S Jim Briggs 6855 Greenswamp Rd. Clermont FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIRNBERGER, BILL 18900 SW 304TH ST HOMESTEAD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D Dirnberger, Bill 18900 SW 304th St. Homestead FL 33030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STETTNER, CHRIS P.O. BOX 965 N/A LAKE ALFRED FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VP Chris Stettner 834 10th Grades Road Polk City, FL 33868-850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DONOHUE, ROBERT 1363 MYAKKA ROAD SARASOTA FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	P Lynn Steward 1548 SW Addison Ave. Arcadia, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MESH, MARTY 2211 NW 49TH TERRACE GAINESVILLE FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, CHRIS RT. 1, BOX 96AA GREENVILLE FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Bill Pischer 4180 47th St. Sarasota, FL 34235

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

188413-90114-50  
N32521

additional director

D

John Darkin,  
12010 NE Highway 70  
Arcadia, FL 34266

T

Terry Wilkinson  
P.O. Box 810  
Lake Hamilton, FL  
33851