

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# U00033

Entity Name: FLORIDA TOMATO GROWERS EXCHANGE INC.

Current Principal Place of Business:

800 T RAFALGAR COURT
SUITE 300
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

800 T RAFALGAR COURT
SUITE 300
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-2935725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, REGINALD L
800 T RAFALGAR COURT
SUITE 300
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARRY, LIPMAN
Address: P.O. BOX 3088
City-St-Zip: IMMOKALEE, FL 34143

Title: VPD () Delete
Name: HELLER, BILLY
Address: P.O. BOX 866
City-St-Zip: PALMETTO, FL 34220

Title: PD (X) Delete
Name: NEILL, DAVID
Address: 3500 ENTERPRISE ROAD
City-St-Zip: FT. PIERCE, FL 34982

Title: SD () Delete
Name: CARPENTER, KERN
Address: 18285 S.W. 264TH STREET
City-St-Zip: HOMESTEAD, FL 33031

Title: TD () Delete
Name: SULLIVAN, MIKE
Address: 15000 OLD 41 NORTH
City-St-Zip: NAPLES, FL 34110

Title: EVP () Delete
Name: BROWN, REGINALD L
Address: 800 TRAFALGAR COURT, SUITE 300
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD L. BROWN

EVP

01/11/2008

Electronic Signature of Signing Officer or Director

Date