

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13208

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC8086774927**

**Entity Name:** SOUTHEASTERN MEAT ASSOCIATION, INC.

**Current Principal Place of Business:**

989 GREENTREE DR  
WINTER PARK, FL 32789

**Current Mailing Address:**

P.O. BOX 620777  
OVIEDO, FL 32762

**FEI Number:** 59-2642242

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ONDICK, ANNA J  
989 GREENTREE DR.  
WINTER PARK, FL 32789 US

*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

**Officer/Director Detail :**

Title D  
Name LEE, DAVE  
Address PO BOX 206  
City-State-Zip: ALMA GA 31510

Title VP  
Name CARROLL, TOM  
Address P.O. BOX 963  
City-State-Zip: VALDOSTA GA 31603

Title D  
Name CHERNIN, ADAM  
Address P.O. BOX 429  
City-State-Zip: CENTER HILL FL 34254

Title DIRECTOR  
Name FUNKHOUSER, GENE  
Address P.O. BOX 340  
City-State-Zip: ALACHUA FL 32616

Title TREASURER  
Name TYLER, HUGH  
Address 1702 BUSH RIVER RD  
City-State-Zip: COLUMBIA SC 29210

Title S  
Name ONDICK, ANNA  
Address 989 GREENTREE DRIVE  
City-State-Zip: WINTER PARK FL 32789

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANNA ONDICK

**EXECUTIVE DIRECTOR**

**03/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date