

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13208

**Entity Name:** SOUTHEASTERN MEAT ASSOCIATION, INC.**Current Principal Place of Business:**2309 FURLONG PL  
EASTOVER, NC 28312**Current Mailing Address:**P.O. BOX 393  
FAYETTEVILLE, NC 28302 US**FEI Number:** 59-2642242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUDSON, CHERYL C  
2309 FURLONG PL  
EASTOVER, FL 28312 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:** CHERYL C. HUDSON

01/16/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	NETTLES, WILLIAM
Address	190 SW COUNTY RD 240
City-State-Zip:	LAKE CITY FL 32025

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

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

Title	PRESIDENT
Name	HARRIS, STEVE
Address	7210 CLINTON HWY
City-State-Zip:	POWELL TN 37849

Title	SECRETARY
Name	HUDSON, CHERYL C
Address	2309 FURLONG PL
City-State-Zip:	EASTOVER NC 28312

Title	DIRECTOR
Name	FITZGERALD, KEN
Address	P. O. BOX 1640
City-State-Zip:	TUSCALOOSA AL 35403

*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:** CHERYL HUDSON**SECRETARY**

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date