

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13208

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
OVIDO, 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	D
Name	WAMPLER, JOHNEEDD
Address	BOX 429
City-State-Zip:	LENOIR CITY TN 37771

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**SECRETARY****03/25/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date