

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32521

Entity Name: FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS, INC.**FILED**
Mar 01, 2017
Secretary of State
CC6239704374**Current Principal Place of Business:**214 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601**Current Mailing Address:**P.O. BOX 12311
GAINESVILLE, FL 32604 US**FEI Number: 59-3006664****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MESH, MARTY
214 WEST UNIVERSITY AVE
SUITE A
GAINESVILLE, FL 32601 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	PRESIDENT
Name	SMITH, PAMELA
Address	214 W UNIVERSITY AVENUE SUITE A, B, D
City-State-Zip:	GAINESVILLE FL 32601

Title	EXECUTIVE DIRECTOR
Name	MESH, MARTY
Address	PO BOX 12311
City-State-Zip:	GAINESVILLE FL 32601

Title	BOARD MEMBER
Name	BALASUBRAMANIAN, RAM
Address	214 W UNIVERSITY AVENUE SUITE A, B, D
City-State-Zip:	GAINESVILLE FL 32601

Title	TREASURER
Name	CHANG, RAY
Address	PO BOX 12311
City-State-Zip:	GAINESVILLE FL 32604

Title	BOARD MEMBER
Name	KANITZ, WILLIAM
Address	214 W UNIVERSITY AVENUE SUITE A, B, D
City-State-Zip:	GAINESVILLE FL 32601

Title	SECRETARY
Name	BROCCOLI, MEGAN
Address	P.O. BOX 12311
City-State-Zip:	GAINESVILLE FL 32604

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: MARTY MESH**EXECUTIVE DIRECTOR****03/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date