## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32521

Entity Name: FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS,

INC.

**FILED** Jan 27, 2016 **Secretary of State** CC5596815544

## **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: No.

## 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:

Date Electronic Signature of Registered Agent

City-State-Zip:

GAINESVILLE FL 32601

Officer/Director Detail:

Т Title Title

Name SMITH, PAMELA Name CHANG, RAY Address 214 W UNIVERSITY AVENUE Address PO BOX 12311

SUITE A, B, D

GAINESVILLE FL 32604 City-State-Zip: GAINESVILLE FL 32601 City-State-Zip:

Title **DIRECTOR** Title ED

KANITZ, WILLIAM Name MESH. MARTY Name

214 W UNIVERSITY AVENUE Address Address

PO BOX 12311 SUITE A, B, D

Title **DIRECTOR** 

City-State-Zip:

Name BALASUBRAMANIAN, RAM 214 W UNIVERSITY AVENUE Address

GAINESVILLE FL 32601

SUITE A, B, D

GAINESVILLE FL 32601 City-State-Zip:

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.

01/27/2016 SIGNATURE: MARTY MESH ED