

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

DOCUMENT# N32521

Entity Name: FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS,
INC.

**FILED
Sep 01, 2015
Secretary of State
CC6204255717**

Current Principal Place of Business:

214 W UNIVERSITY AVENUE
SUITE A, B, D
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SMITH, PAMELA
Address 214 W UNIVERSITY AVENUE
SUITE A, B, D
City-State-Zip: GAINESVILLE FL 32601

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

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

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

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

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

09/01/2015

Electronic Signature of Signing Officer/Director Detail

Date