

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

DOCUMENT# N32521

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

**FILED**  
**Jan 27, 2015**  
**Secretary of State**  
**CC0548816910**

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DANIEL, EDDY  
Address PO BOX 12311  
City-State-Zip: GAINESVILLE FL 32604

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

Title VP  
Name LA COMBE, EDWARD  
Address PO BOX 12311  
City-State-Zip: GAINESVILLE FL 32604

Title ED  
Name MESH, MARTY  
Address PO BOX 12311  
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**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date