

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32521

Entity Name: FLORIDA CERTIFIED ORGANIC GROWERS & CONSUMERS, INC.**FILED**
Feb 13, 2018
Secretary of State
CC9626391108**Current Principal Place of Business:**5700 SW 34TH STREET
SUITE 349
GAINESVILLE, FL 32608**Current Mailing Address:**5700 SW 34TH STREET
SUITE 349
GAINESVILLE, FL 32608 US**FEI Number: 59-3006664****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**MESH, MARTY
5700 SW 34TH STREET
SUITE 349
GAINESVILLE, FL 32608 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 | 5700 SW 34TH STREET SUITE 349 |
| City-State-Zip: | GAINESVILLE FL 32608 |

| | |
|-----------------|----------------------------------|
| Title | TREASURER |
| Name | CHANG, RAY |
| Address | 5700 SW 34TH STREET SUITE 349 |
| City-State-Zip: | GAINESVILLE FL 32608 |

| | |
|-----------------|----------------------------------|
| Title | EXECUTIVE DIRECTOR |
| Name | MESH, MARTY |
| Address | 5700 SW 34TH STREET SUITE 349 |
| City-State-Zip: | GAINESVILLE FL 32608 |

| | |
|-----------------|----------------------------------|
| Title | BOARD MEMBER |
| Name | KANITZ, WILLIAM |
| Address | 5700 SW 34TH STREET SUITE 349 |
| City-State-Zip: | GAINESVILLE FL 32608 |

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|-----------------|----------------------------------|
| Title | BOARD MEMBER |
| Name | BALASUBRAMANIAN, RAM |
| Address | 5700 SW 34TH STREET SUITE 349 |
| City-State-Zip: | GAINESVILLE FL 32608 |

| | |
|-----------------|----------------------------------|
| Title | SECRETARY |
| Name | BROCCOLI, MEGAN |
| Address | 5700 SW 34TH STREET SUITE 349 |
| City-State-Zip: | GAINESVILLE FL 32608 |

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****02/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date