

**2014 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P11000013060

**FILED**  
**Feb 18, 2014**  
**Secretary of State**  
**CC2889243035**

**Entity Name:** FTFFA COOPERATIVE CORPORATION

**Current Principal Place of Business:**

5129 SR 674  
WIMAUMA, FL 33598

**Current Mailing Address:**

P O BOX 2100  
WIMAUMA, FL 33598

**FEI Number: 27-4913050**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOOZER, DAVID  
316 W CENTRAL AVE SUITE 200  
WINTER HAVEN, FL 33880 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 D  
Name CARTER, JEFF  
Address 11015 SUMNER RD  
City-State-Zip: WIMAUMA FL 33598

Title DT  
Name LEPOCHAT, PIERRE  
Address BOX 1827  
City-State-Zip: SEFFNER FL 33583

Title DP  
Name RAWLINS, ARTHUR  
Address 3402 KENT PATH COURT  
City-State-Zip: LITHIA FL 33547

Title DVP  
Name SKIDMORE, JOHN  
Address 20112 HOBBS ROAD  
City-State-Zip: WIMAUMA FL 33598

Title DS  
Name MOORE, SANDY  
Address BIG BEND RD  
City-State-Zip: GIBSONTON FL 33534

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ARTHUR RAWLINS**

**PRESIDENT**

**02/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date