

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000013060

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:	GIBSONTOWN 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

01/06/2015

Electronic Signature of Signing Officer/Director Detail_____
Date