

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701025

FILED
Mar 04, 2009
Secretary of State

Entity Name: JUICE PRODUCTS ASSOCIATION, INC.

Current Principal Place of Business:

1156 FIFTEENTH STREET, NW
SUITE 900
WASHINGTON, DC 20005

New Principal Place of Business:

Current Mailing Address:

1156 FIFTEENTH STREET, NW
SUITE 900
WASHINGTON, DC 20005

New Mailing Address:

1100 JOHNSON FERRY ROAD,
SUITE 300
ATLANTA, GA 30342 US

FEI Number: 59-6159377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CHAI () Delete
Name: BEHR, ROBERT
Address: PO BOX 1111
City-St-Zip: LAKE WALES, FL 33859

Title: VC () Delete
Name: LEE, RAY
Address: 681 WEST WATERLOO ROAD
City-St-Zip: AKRON, OH 44314

Title: VC () Delete
Name: ABRAHAMSON, TOM
Address: MAILSTOP 98, 15407 MCGINTY ROAD, WEST
City-St-Zip: WAYZATA, MN 55391

Title: SEC () Delete
Name: CASPER, DAN
Address: 1820 COUNTY ROAD 833
City-St-Zip: CLEWISTON, FL 33440

Title: TRES () Delete
Name: EMANUEL, NICK
Address: PO BOX 3950
City-St-Zip: LAKE WALES, FL 33859

Title: ASSO () Delete
Name: ADOLPH, BRYCE
Address: 633 NORTH BARRANCA AVE
City-St-Zip: COVINA, CA 91723

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA B. COHEN

ADMN

03/04/2009

Electronic Signature of Signing Officer or Director

Date