

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

DOCUMENT # 702172

1. Entity Name

FLORIDA DAIRY PRODUCTS ASSOCIATION, INC.



02-06-2004 90001 028 \*\*\*\*61.25

Principal Place of Business

2558 CAPITAL MEDICAL BLVD  
SUITE B  
TALLAHASSEE FL 32308  
US

Mailing Address

2558 CAPITAL MEDICAL BLVD  
SUITE B  
TALLAHASSEE FL 32308  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0841805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOOSINGER, JAY  
2053 TAYLOR ROAD  
TALLAHASSEE FL 32308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jay Boosinger**

1-26-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME BOOSINGER, JAY  
STREET ADDRESS 2558-B CAPITAL MEDICAL BLVD  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete  
NAME FLANDER, RHETT  
STREET ADDRESS MCARTHUR DAIRY, INC., 6851 N.E. 2ND AVE.  
CITY-ST-ZIP MIAMI FL 33138

TITLE ☐ Delete  
NAME TILLER, BRAD  
STREET ADDRESS TILLER FOODS, INC. P.O. BOX 5088  
CITY-ST-ZIP TAMPA FL 33675

TITLE ☐ Delete  
NAME FREGEAU, KEN  
STREET ADDRESS 118TH AVE., N.  
CITY-ST-ZIP CLEARWATER FL 33760

TITLE ☐ Delete  
NAME CORYN, ED  
STREET ADDRESS 3020 46TH AVE., N  
CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE ☐ Delete  
NAME REILLY, JERRY  
STREET ADDRESS P.O. BOX 19217  
CITY-ST-ZIP TAMPA FL 33686

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE ☐ Change ☐ Addition  
NAME No Change  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Ken Jorgensen  
STREET ADDRESS Velda Farms, 402 S. Kentucky Ave.,  
CITY-ST-ZIP Lakeland, FL 33801 #500

TITLE ☒ Change ☐ Addition  
NAME Jim Bassett  
STREET ADDRESS Bassett Dairy Products, Inc.  
CITY-ST-ZIP P.O. Box 540, Perry, FL 32348

TITLE ☐ Change ☐ Addition  
NAME No Change  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME No Change  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Dwight Moore  
STREET ADDRESS Winn-Dixie, Inc.  
CITY-ST-ZIP Box B, Jacksonville, FL 32203

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jay Boosinger* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-04

Date

Daytime Phone #