

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702172

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** FLORIDA DAIRY PRODUCTS ASSOCIATION, INC.

**Current Principal Place of Business:**

1839 BUFORD COURT  
SUITE 1  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1839 BUFORD COURT  
SUITE 1  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-0841805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BASSETT, BILL  
4991 GLEN CASTLE DR.  
TALLAHASSEE, FL 32309 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: P ( ) Delete  
Name: BASSETT, BILL  
Address: 1839 BUFORD COURT, STE 1  
City-St-Zip: TALLAHASSEE, FL 32308

Title: C ( ) Delete  
Name: SCHULTZ, SCOTT  
Address: 315 N. BUMBY AVE.  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: BEAN, DANA  
Address: 40 N. 14TH PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VC ( ) Delete  
Name: MCCALLON, ED  
Address: 4169 COUNTY RD 15A  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D ( ) Delete  
Name: CORYN, ED  
Address: 3020 46TH AVE., N  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: D ( ) Delete  
Name: BASSETT, JIM  
Address: P.O BOX 540  
City-St-Zip: PERRY, FL 32348

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: C (X) Change ( ) Addition  
Name: BEAN, DANA  
Address: 40 N. 14TH PLACE  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: T (X) Change ( ) Addition  
Name: MCPHERSON, DON  
Address: 6603 S. TASK AVENUE  
City-St-Zip: TAMPA, FL 33616

Title: VC (X) Change ( ) Addition  
Name: COVINGTON, CALVIN  
Address: BOX 3790  
City-St-Zip: BELLEVIEW, FL 34421

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: BILL BASSETT

PRES

02/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date