

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 041 ****61.25

DOCUMENT # 703322

1. Entity Name

FLORIDA FEED ASSOCIATION, INCORPORATED



Principal Place of Business

401 S PEBBLE BEACH BLVD
SUN CITY CENTER FL 33573
US

Mailing Address

PO BOX 5102
SUN CITY CENTER FL 33571
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

23-7009312

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

JACKSON, JAMES D.
401 S PEEBLE BEACH BLVD
SUN CITY CENTER FL 33573

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

Signature, typed or printed name, of registered agent and true last name.

(NOTE: Registered Agent signature and true last name required)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 ES
NAME JACKSON, JAMES D. ☐ Delete
STREET ADDRESS 401 S. PEBBLE BEACH BLVD.
CITY-ST-ZIP SUN CITY CENTER FL 73573

TITLE D
NAME SYFRETT, CHUCK ☐ Delete
STREET ADDRESS 501 SW 28TH TERRACE
CITY-ST-ZIP OKEECHOBEE FL 34974

TITLE VP
NAME BARBER, MIKE ☒ Delete
STREET ADDRESS 1422 COLLEGE ROAD
CITY-ST-ZIP BAINBRIDGE GA 39819

TITLE P
NAME FURST, STEVE P ☒ Delete
STREET ADDRESS 3680 EMERALD LANE
CITY-ST-ZIP MULBERRY FL 33860

TITLE S
NAME HARDING, JIM ☐ Delete
STREET ADDRESS 4920 HIDDEN OAKS TRAIL
CITY-ST-ZIP SARASOTA FL 34232

TITLE D
NAME JACKSON, LEE ☐ Delete
STREET ADDRESS 1396 JEFFERSON DRIVE
CITY-ST-ZIP LAKE LAND FL 33803

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME P. BARBER, MIKE
STREET ADDRESS 1422 COLLEGE ROAD
CITY-ST-ZIP BAINBRIDGE, GA 39819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: JAMES D. JACKSON *James D. Jackson* 1-23-08 813-633-6844