

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703685

FILED
Feb 23, 2007
Secretary of State

Entity Name: FLORIDA POULTRY FEDERATION, INC.

Current Principal Place of Business:

4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-1117154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES R.
4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610 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: LINDSEY, MIKE
Address: PO BOX 600
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: FORD, TOMMY
Address: 38777 RECKER HWY
City-St-Zip: WINTER HAVEN, FL 33883

Title: ST () Delete
Name: TENPAS, DAN
Address: PO BOX 600
City-St-Zip: DOVER, FL 33527

Title: D () Delete
Name: LINVILLE, DANNY
Address: PO BOX 9005
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: VP () Delete
Name: DRIGGERS, GERALD
Address: PO BOX 1000
City-St-Zip: LIVE OAK, FL 32060

Title: EXVP () Delete
Name: SMITH, CHARLES R
Address: 4508 OAK FAIR BLVD., #290
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: ANDERS, STEVE
Address: PO BOX 490797
City-St-Zip: LEESBURG, FL 34749

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 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: CHARLES R. SMITH

EXVP

02/23/2007

Electronic Signature of Signing Officer or Director

Date