

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703685

FILED
Jan 08, 2009
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:

1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317

Current Mailing Address:

4508 OAK FAIR BLVD
SUITE 290
TAMPA, FL 33610

New Mailing Address:

1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317

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:

STEPHENS, NANCY D
1625 SUMMIT LAKE DRIVE
SUITE 300
TALLAHASSEE, FL 32317 US

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: NANCY D. STEPHENS

01/08/2009

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: ANDERS, STEVE
Address: PO BOX 490797
City-St-Zip: LEESBURG, FL 34749

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SARGENT, DARYL
Address: P O BOX 2109
City-St-Zip: LAKE CITY, FL 32056

Title: D (X) Change () Addition
Name: LINDSEY, MIKE
Address: P O BOX 600
City-St-Zip: DOVER, FL 33527

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

Title: D (X) Change () Addition
Name: SCOTT, BOB
Address: P O BOX 2109
City-St-Zip: LAKE CITY, FL 32056

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: NANCY D. STEPHENS

VP

01/08/2009

Electronic Signature of Signing Officer or Director

Date