2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 703793

1. Entity Name
SOUTHERN FRUIT DISTRIBUTORS FUND, INC.

Principal Place of Business	Mailing Address
102 PINELOCH AVE STE 10 ORLANDO, FL 32806 US	P O BOX 568367 ORLANDO, FL 32856 US

01162006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1002700
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARUSO, JAMES P.
102 W PINETOCH ST, STE 10
ORLANDO, FL 32806

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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.

U00000502932
04/26/06-80013-001 61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	CARUSO SR., AUSTIN A.
STREET ADDRESS	102 W PINELOCH ST STE 10
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	LARUE, JUDITH
STREET ADDRESS	102 W PINELOCH ST STE 10
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	CARUSO SR., PHILLIP P.
STREET ADDRESS	102 W PINELOCH ST STE 10
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	CARUSO SR., JOSEPH M.
STREET ADDRESS	102 W PINELOCH ST STE 10
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 P. Caruso 4/3/06 407-859-3550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #