

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 707711

1. Entity Name
FLORIDA SUGAR CANE LEAGUE, INC.



Principal Place of Business
**401 SOUTH W.C. OWEN AVENUE
CLEWISTON, FL 33440**

Mailing Address
**P.O. BOX 1208
CLEWISTON, FL 33440**

FILED
08 JUL 10 PM 4:08
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



04092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1117574	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERNARD, GERARD A
111 PONCE DE LEON AVENUE
CLEWISTON, FL 33440**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COKER, ROBERT
STREET ADDRESS	111 PONCE DE LEON AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	CD
NAME	HILLIARD, JOE M
STREET ADDRESS	5500 FLAGHOLE ROAD
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	D
NAME	BERNARD, GERARD A
STREET ADDRESS	111 PONCE DE LEON AVENUE
CITY-ST-ZIP	CLEWISTON, FL 33440
TITLE	PD
NAME	FANJUL, JOSE F
STREET ADDRESS	ONE NORTH CLEMATIS ST., SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VP
NAME	YANCEY, DALTON
STREET ADDRESS	1301 PENNSYLVANIA AVENUE,NW,STE 401
CITY-ST-ZIP	WASHINGTON, DC 20004
TITLE	STD
NAME	CARSON, DON
STREET ADDRESS	ONE NORTH CLEMATIS ST., SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

06/02/08 90002 027 \$61.25

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____