

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 726083

1. Entity Name
DAIRY & FOOD NUTRITION COUNCIL OF FLORIDA, INC.



Principal Place of Business
166 LOOKOUT PLACE, SUITE 100
MAITLAND, FL 32751-4496 US

Mailing Address
166 LOOKOUT PLACE, SUITE 100
MAITLAND, FL 32751-4496 US



02152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 59-1449045 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

COOPER, MICHELE
166 LOOKOUT PLACE, SUITE 100
MAITLAND, FL 32751-4496

**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, 2007**

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

U00000664123
03/22/07-80032-002 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M COOPER, MICHELLE 166 LOOKOUT PLACE SUITE 100 MAITLAND, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WRIGHT, JOE WEST STATE ROAD 64 AVON PARK, FL 33826 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LUSSIER, MATT 213 SILVER CREEK LANE LORIDA, FL 33857 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD REGISTER, DARRYL 5804 HWY 98 N OKEECHOBEE, FL 34972 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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

2.26.07 4076478829

Date

Daytime Phone #