2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # 726083

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

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

DO NOT WRITE IN THIS SPACE

01302008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1449045
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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.

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, 2008

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

U00000033462
02/27/08-80059-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	M
NAME	COOPER, MICHELLE
STREET ADDRESS	166 LOOKOUT PLACE SUITE 100
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VPD
NAME	WRIGHT, JOE
STREET ADDRESS	WEST STATE ROAD 64
CITY-ST-ZIP	AVON PARK, FL 33826
TITLE	P
NAME	LUSSIER, MATT
STREET ADDRESS	213 SILVER CREEK LANE
CITY-ST-ZIP	LORIDA, FL 33857
TITLE	VPD
NAME	REGISTER, DARRYL
STREET ADDRESS	5804 HWY 98 N
CITY-ST-ZIP	OKEECHOBEE, FL 34972
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: M Cooper 2.11.08 4076478899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #