

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726083

FILED  
Apr 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

166 LOOKOUT PLACE, SUITE 100  
MAITLAND, FL 327514496 US

**New Principal Place of Business:**

166 LOOKOUT PLACE  
MAITLAND, FL 327514496 US

**Current Mailing Address:**

166 LOOKOUT PLACE, SUITE 100  
MAITLAND, FL 327514496 US

**New Mailing Address:**

166 LOOKOUT PLACE  
MAITLAND, FL 327514496 US

**FEI Number:** 59-1449045

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPER, MICHELE  
166 LOOKOUT PLACE, SUITE 100  
MAITLAND, FL 327514496 US

**Name and Address of New Registered Agent:**

COOPER, MICHELE  
166 LOOKOUT PLACE  
MAITLAND, FL 327514496 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:

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: COOPER, MICHELE  
Address: 166 LOOKOUT PLACE  
City-St-Zip: MAITLAND, FL 32751

Title: VPD  
Name: FIESER, GERALD  
Address: 2366 LAKE TALMADGE DRIVE  
City-St-Zip: DELAND, FL 32724

Title: P  
Name: LUSSIER, MATT  
Address: 4203 SE HWY 301  
City-St-Zip: HAWTHORNE, FL 32640

Title: VPD  
Name: REGISTER, DARRYL  
Address: 20 E. MACCLENLY AVENUE  
City-St-Zip: MACCLENLY, FL 32063

Title: SEC  
Name: RUCKS, SUTTON JR.  
Address: 5804 HWY 98 N.  
City-St-Zip: OKEECHOBEE, FL 34972

Title: TREA  
Name: MOORE, KEVIN  
Address: 185 MYRTLE DRIVE  
City-St-Zip: WAUCHULA, FL 33873

I hereby 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 all other like empowered.

SIGNATURE: TRACEY T. LAGER

DIR

04/20/2012

Electronic Signature of Signing Officer or Director

Date