2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# 731199

Entity Name: SOUTHEAST NATURAL PRODUCTS ASSOCIATION, INC.

Current Principal Place of Business:

5309 LIME STREET
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5309 LIME STREET
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 23-7430846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REED, CARYLENE J.
5309 LIME STREET
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: RANGER, PEGGY
Address: 5839 SE FED HWY
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete
Name: WRIGHT, JEFF
Address: 6630 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S ( ) Delete
Name: SHERMAN, SHARON
Address: 165 INDUSTRIAL LOOP SO., UNIT 5
City-St-Zip: ORANGE PARK, FL 32073

Title: P ( ) Delete
Name: SOKOLOFF, TOM
Address: 1150 MALABAR RD., #113-114
City-St-Zip: PALM BAY, FL 32907

Title: D ( ) Delete
Name: HENDERSON, BEN
Address: 273 BOONE HEIGHTS DRIVE
City-St-Zip: BOONE, NC 28607

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: GREENWAY, KAREN
Address: 1254 S. BROAD STREET
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARYLENE J. REED R A 07/05/2007

Electronic Signature of Signing Officer or Director — Date