## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#731199**

FILED Apr 25, 2008 Secretary of State

Entity Name: SOUTHEAST NATURAL PRODUCTS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5309 LIME STREET NEW PORT RICHEY, FL 34652 LIS **Current Mailing Address: New Mailing Address:** 5309 LIME STREET NEW PORT RICHEY, FL 34652 US FEI Number: 23-7430846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REED, CARYLENE J. 5309 LIME STREET NEW PORT RICHEY, FL 34652 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition RANGER, PEGGY RANGER, PEGGY Name: Name: 5839 SE FED HWY Address: 5839 SE FED HWY Address: City-St-Zip: STUART, FL 34997 City-St-Zip: STUART, FL 34997 Title: Title: (X) Change ( ) Addition ( ) Delete WRIGHT, JEFF Name: WRIGHT, JEFF Name: Address: 6630 US HWY 19 Address: 6630 US HWY 19 City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: NEW PORT RICHEY, FL 34652 Title: () Delete Title: () Change () Addition SHERMAN, SHARON Name: Name: 165 INDUSTRIAL LOOP SO., UNIT 5 Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ( ) Delete (X) Change ( ) Addition Title: Title: SOKOLOFF, TOM Name: Name: MERIDITH, PATSY 1150 MALABAR RD., #113-114 Address: Address: 3211 PEOPLES ST. #74 City-St-Zip: PALM BAY, FL 32907 City-St-Zip: JOHNSON CITY, TN 37604 Title: ( ) Delete Title: () Change () Addition HENDERSON, BEN Name: Name: 273 BOONE HEIGHTS DRIVE Address: Address: City-St-Zip: **BOONE, NC 28607** City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GREENWAY, KAREN GREENWAY, KAREN Name: Name: Address: 1254 S. BROAD STREET Address: 1254 S. BROAD STREET BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

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 ED 04/25/2008