

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731199

FILED  
Apr 17, 2009  
Secretary of State

**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 ( )**

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

Title: P ( ) 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: D ( ) Delete  
Name: MERIDITH, PATSY  
Address: 3211 PEOPLES ST. #74  
City-St-Zip: JOHNSON CITY, TN 37604

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

Title: T ( ) Delete  
Name: GREENWAY, KAREN  
Address: 1254 S. BROAD STREET  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: RANGER, PEGGY  
Address: 5839 SE FED HWY  
City-St-Zip: STUART, FL 34997

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

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:

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

E D

04/17/2009

Electronic Signature of Signing Officer or Director

Date