2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2010
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 ( )**

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: P
Name: RANGER, PEGGY
Address: 5839 SE FED HWY
City-St-Zip: STUART, FL 34997

Title: S
Name: SWOBODA, DEBBY
Address: 6629 SE BROADMOOR LANE
City-St-Zip: STUART, FL 34997

Title: D
Name: CERANKOWSKI, DEBBIE
Address: 862 SAXON BLVD.
City-St-Zip: ORANGE CITY, FL 32763

Title: D
Name: GOTTLIEB, AARON
Address: 11030 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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: CARYLENE J. REED C 04/19/2010

Electronic Signature of Signing Officer or Director Date