

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731199

FILED  
Feb 09, 2012  
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  
**Name:** GREENWAY, KAREN  
**Address:** 1254 S BROAD STREET  
**City-St-Zip:** BROOKSVILLE, FL 34601

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

**Title:** T  
**Name:** DUFRESNE, MICHELLE  
**Address:** 12740 GRAN BAY PWKY W, STE 2200  
**City-St-Zip:** JACKSONVILLE, FL 32258

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

ED

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date