

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739417

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: FLORIDA WATERMELON ASSOCIATION, INC.

## Current Principal Place of Business:

808 EAST MAIN ST  
IMMOKALEE, FL 34142 US

## New Principal Place of Business:

2000 JOHNSON ROAD  
IMMOKALEE, FL 34142 US

## Current Mailing Address:

808 EAST MAIN ST  
IMMOKALEE, FL 34142 US

## New Mailing Address:

2000 JOHNSON ROAD  
IMMOKALEE, FL 34142 US

FEI Number: 59-1862906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWILLEY, PATTY  
808 EAST MAIN STREET  
IMMOKALEE, FL 34142 US

## Name and Address of New Registered Agent:

SWILLEY, PATTY  
2000 JOHNSON ROAD  
IMMOKALEE, FL 34142 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: PATTY SWILLEY

04/28/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: CARUTHERS, MICHAEL  
Address: 2210 WEST IMMOKALEE DRIVE  
City-St-Zip: IMMOKALEE, FL 34142

Title: PD (X) Delete  
Name: COATES, DAVID  
Address: 9800 N 400 E  
City-St-Zip: LAKE VILLAGE, IN 46349

Title: VD ( ) Delete  
Name: SAWYER, PAUL  
Address: 3289 STATE ROAD 29 SOUTH  
City-St-Zip: LABELLE, FL 33935

Title: ST ( ) Delete  
Name: SWILLEY, PATTY  
Address: 808 EAST MAIN STREET  
City-St-Zip: IMMOKALEE, FL 34142

Title: VD (X) Delete  
Name: CHASTAIN, RICH  
Address: 6820 TECH COURT  
City-St-Zip: FT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: CARUTHERS, MICHAEL  
Address: 1885 CR 832  
City-St-Zip: FELDA, FL 33930

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

Title: P (X) Change ( ) Addition  
Name: SAWYER, PAUL  
Address: 3289 STATE ROAD 29 SOUTH  
City-St-Zip: LABELLE, FL 33935

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: PATTY SWILLEY

SEC

04/28/2008

Electronic Signature of Signing Officer or Director

Date