

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739417

FILED
Mar 07, 2009
Secretary of State

Entity Name: FLORIDA WATERMELON ASSOCIATION, INC.

Current Principal Place of Business:

2000 JOHNSON ROAD
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

2000 JOHNSON ROAD
IMMOKALEE, FL 34142 US

New Mailing Address:

FEI Number: 59-1862906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWILLEY, PATTY
2000 JOHNSON ROAD
IMMOKALEE, FL 34142 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: CD () Delete
Name: CARUTHERS, MICHAEL
Address: 1885 CR 832
City-St-Zip: FELDA, FL 33930

Title: P () 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: PATTY SWILLEY

ST

03/07/2009

Electronic Signature of Signing Officer or Director

Date