

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 011 ****61.25

DOCUMENT # 739727

1. Entity Name

PLANTATION FARMS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 972 N/A
KEYSTONE HEIGHTS FL 32656

P O BOX 972 N/A
KEYSTONE HEIGHTS FL 32656



2. Principal Place of Business - No P.O. Box #

4330 BONDARENKO RD.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEYSTONE HTS, FL.

City & State

KEYSTONE HTS, FL.

Zip

32656

Country

US

Zip

32656

Country

US

4. FEI Number

59-2670980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

MILLER, PHILIP T
5781 LISA LYNN ROAD
KEYSTONE HEIGHTS FL 32656

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Philip T. Miller
Signature, typed or printed name of registered agent and title if applicable.

Philip T. Miller
(NOTE: Registered Agent signature required when reinstating)

2-15-07

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE V ☒ Delete
NAME DEMPSEY, EDWARD
STREET ADDRESS 4335 LORI LOOP
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE T ☒ Delete
NAME SHEPHERD, JUDITH
STREET ADDRESS 5965 TRAWICK RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE P ☐ Delete
NAME MILLER, PHILLIP
STREET ADDRESS 5781 LISA LYNN
CITY-ST-ZIP KEYSTONE FL 32556

TITLE D ☒ Delete
NAME THOMAS, MICHAEL
STREET ADDRESS 5913 TRAWICK RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☐ Delete
NAME MILLER, PHILIP
STREET ADDRESS 5781 LISA LYNN RD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

TITLE D ☒ Delete
NAME FOREMEAN, BILL
STREET ADDRESS 4437 BONDARENKS ROAD
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☒ Change ☐ Addition
NAME TOM TAYLOR
STREET ADDRESS 5675 LISA LYNN RD.
CITY-ST-ZIP KEYSTONE HTS., FL. 32656

TITLE T ☒ Change ☐ Addition
NAME VICKI GAYLE
STREET ADDRESS 5894 TRAWICK RD.
CITY-ST-ZIP KEYSTONE HTS., FL. 32656

TITLE D ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Change ☐ Addition
NAME VICTORIA MILLER
STREET ADDRESS 5777 LISA LYNN
CITY-ST-ZIP KEYSTONE HTS., FL. 32656

TITLE D ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Change ☐ Addition
NAME GWENDOLYN SANDERS
STREET ADDRESS 4330 BONDARENKO RD.
CITY-ST-ZIP KEYSTONE HTS., FL. 32656

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gwendolyn K. Sanders* GWENDOLYN K. SANDERS (S) 2-15-07 352-473-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR