## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 762401** 

FILED Apr 19, 2005 Secretary of State

Entity Name: SARASOTA FRUIT AND NUT SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** NOKOMIS, FL 34274 LIS **Current Mailing Address: New Mailing Address:** POB 536 NOKOMIS, FL 34274 US FEI Number: 59-2170207 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RICHARD T. BUSHELL SIMS, DEBRA A 740 SUFFOLK CIRCLE 330 LYCHEE RD NOKOMIS, FL 34275 NOKOMIS, FL 34275 US 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: DEBRA A. SIMS 04/19/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BODDINGTON, BRETT Name: Name: 3577 ELDON AVE Address: Address: City-St-Zip: NORTH PORT, FL 34286 City-St-Zip: Title: TVD Title: () Delete () Change () Addition SIMS, DEBRA Name: Name: Address: 330 LYCHEE RD Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: VD. () Delete Title: PD (X) Change ( ) Addition JOE, BARRETTA Name: JOE, BARRETTA Name: 1118 HOOVER ST Address: Address: 1118 HOOVER ST City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: NOKOMIS, FL 34275 ( ) Delete Title: SD Title: () Change () Addition Name: FOX, BONNIE Name: Address: 312 DALE ST Address: City-St-Zip: NOKOMIS, FL 34275 City-St-Zip: Title: PD (X) Delete Title: () Change () Addition BUSHELL, RICHARD T Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: DEBRA A. SIMS TVD 04/19/2005

740 SUFFOLK CIR

NOKOMIS, FL 34275

Address:

City-St-Zip: