

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762401

FILED
Jan 10, 2007
Secretary of State

Entity Name: SARASOTA FRUIT AND NUT SOCIETY, INC.

Current Principal Place of Business:

POB 536
NOKOMIS, FL 34274 US

New Principal Place of Business:

5555 S. TAMIAMI TR
SARASOTA, FL 34293 US

Current Mailing Address:

POB 536
NOKOMIS, FL 34274 US

New Mailing Address:

FEI Number: 59-2170207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWABACH, REID
2839 W TAMIAMI CIRCLE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

SIMS, DEBRA A
330 LYCHEE RD
NOKOMIS, FL 34275 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

01/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BODDINGTON, BRETT
Address: 3577 ELDON AVE
City-St-Zip: NORTH PORT, FL 34286

Title: T () Delete
Name: SCHWABACH, REID
Address: 2839 W TAMIAMI CIRCLE
City-St-Zip: SARASOTA, FL 342349

Title: P () Delete
Name: JOE, BARRETTA
Address: 1118 HOOVER ST
City-St-Zip: NOKOMIS, FL 34275

Title: S () Delete
Name: FOX, BONNIE
Address: 312 DALE ST
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: LANDRY, GAIL
Address: 2926 YORKTOWN ST
City-St-Zip: SARASOTA, FL 34231

Title: V (X) Change () Addition
Name: SCHWABACH, REID
Address: 2839 W TAMIAMI CIRCLE
City-St-Zip: SARASOTA, FL 342349

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

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

Title: VP () Change (X) Addition
Name: DEBRA, SIMS
Address: 330 LYCHEE RD
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA SIMS

VP

01/10/2007

Electronic Signature of Signing Officer or Director

Date