2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 790201

Entity Name: WAVERLY GROWERS COOPERATIVE

Current Principal Place of Business:

HIGHWAY 540
P O BOX 287
WAVERLY, FL 338770287

New Principal Place of Business:

7000 WAVERLY ROAD
WAVERLY, FL 338770287

Current Mailing Address:

HIGHWAY 540
P O BOX 287
WAVERLY, FL 338770287

New Mailing Address:

PO BOX 287
WAVERLY, FL 338770287

FEI Number: 59-0500890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSTED, JOHN C
242 KILMER LN SE
WINTER HAVEN, FL 33884 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: 2VD ( ) Delete
Name: HARDY, ANN L
Address: 2009 LAKEWOOD DRIVE
City-St-Zip: SEBRING, FL 33872

Title: 1VD ( ) Delete
Name: NOLEN, J. MICHAEL SR.
Address: PO BOX 1439
City-St-Zip: WINTER HAVEN, FL 33882

Title: PD ( ) Delete
Name: CREWS, LUTHER D
Address: 1749 HIGHLAND PARK DRIVE SOUTH
City-St-Zip: LAKE WALES, FL 33898

Title: M ( ) Delete
Name: HUSTED, JOHN C
Address: 242 KILMER LN SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: T ( ) Delete
Name: KNOWLES, SHIRLEY C
Address: 8253 JAMESTOWN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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:

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: JOHN HUSTED MGR 01/13/2009
Electronic Signature of Signing Officer or Director — Date