

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790460

FILED
Jan 07, 2008
Secretary of State

Entity Name: PIONEER GROWERS COOPERATIVE

Current Principal Place of Business:

227 N.W. AVE. L
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 490
BELLE GLADE, FL 33430 US

New Mailing Address:

FEI Number: 59-0404376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFF, L.E., II
AIRPORT ROAD
227 N.W. AVE. L
BELLE GLADE, FL 33430 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: VP () Delete
Name: HUNDLEY, JOHN S
Address: STATE RD 880
City-St-Zip: BELLE GLADE, FL 33430

Title: VST () Delete
Name: DUFF, L.E. II,
Address: 1641 SE AVENUE K PLACE
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: NOEL SHAPIRO,
Address: STATE ROAD 880
City-St-Zip: BELLE GLADE, FL 33430

Title: P () Delete
Name: HUNDLEY, JOHN L.,
Address: STATE ROAD 880
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: STEIN, STEWART
Address: WEDGORTH ROAD
City-St-Zip: BELLE GLADE, FL

Title: D () Delete
Name: HOPKINS, ERIC
Address: STATE ROAD
City-St-Zip: BELLE GLADE, FL 33430

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
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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: L E DUFF

VPST

01/07/2008

Electronic Signature of Signing Officer or Director

Date