# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 15, 2009**
**Secretary of State**

DOCUMENT# 790460

**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: | WEDGWORTH 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 |
| 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: GENE DUFF ST 01/15/2009
Electronic Signature of Signing Officer or Director — Date