


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90058 040 ****61.25

DOCUMENT # 790542 1. Entity Name WEST FLORIDA FARMERS COOPERATIVE					
Principal Place of Business 585 N. 9TH ST. DEFUNIAK SPRINGS, FL 32433 US			Mailing Address 585 N. 9TH STREET DEFUNIAK SPRINGS, FL 32433 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04052005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-0585059	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILKERSON, JOHN 257 RAILROAD AVENUE DEFUNIAK SPRINGS, FL 32433				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>John Wilkerson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-6-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, MARYLN		NAME		
STREET ADDRESS	1269 HWY 1084		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKERSON, JOHN		NAME		
STREET ADDRESS	297 RAILROAD AVE		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TANKERSLEY, LARRY		NAME	<i>Tankersley, Larry</i>	
STREET ADDRESS	944 BELL ROAD		STREET ADDRESS	<i>944 Bell Rd</i>	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	<i>DeFunialk Springs, FL 32433</i>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STANDLAND, LARRY		NAME		
STREET ADDRESS	867 GERMAN CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Travis Frankie Hall</i>	
STREET ADDRESS			STREET ADDRESS	<i>1745 King Lake Rd</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>DeFunialk Springs, FL 32433</i>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<i>Danny Bell</i>	
STREET ADDRESS			STREET ADDRESS	<i>536 Jr. Nelson Rd</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>DeFunialk Springs, FL 32433</i>	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Wilkerson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-06-05 Daytime Phone # 830-892-2949		