


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90369 001 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

**60030150**



04132006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-0585059**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILKERSON, JOHN  
 257 RAILROAD AVENUE  
 DEFUNIAK SPRINGS, FL 32433**

**7. Name and Address of New Registered Agent**

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 *John Wilkeson*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILKERSON, JOHN	
STREET ADDRESS	297 RAILROAD AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TANKERSLEY, LARRY	
STREET ADDRESS	944 BELL ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	S	<input type="checkbox"/> Delete
NAME	STANDLAND, LARRY	
STREET ADDRESS	867 GERMAN CLUB ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, TRAVIS F	
STREET ADDRESS	1745 KING LAKE RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELL, DANNY	
STREET ADDRESS	535 DR NELSON RD	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433	
TITLE	D	<input type="checkbox"/> Delete
NAME	Henderson, Carl	
STREET ADDRESS	2947 County Hwy 280 West	
CITY-ST-ZIP	Defunial Springs, FL 32433	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *John Wilkeson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-17-06 Daytime Phone # 850 892 2949