

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**

60030150



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0585059

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

John Wilkerson

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WILKERSON, JOHN
STREET ADDRESS 297 RAILROAD AVE
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME TANKERSLEY, LARRY
STREET ADDRESS 944 BELL ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME STANDLAND, LARRY
STREET ADDRESS 867 GERMAN CLUB ROAD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HALL, TRAVIS F
STREET ADDRESS 1745 KING LAKE RD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BELL, DANNY
STREET ADDRESS 535 DR NELSON RD
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Henderson, Carl
STREET ADDRESS 2947 County Hwy 280 West
CITY-ST-ZIP Defunialk Springs, FL 32433

TITLE ☐ Change ☐ 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 Wilkerson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06

Date

850 892 2949

Daytime Phone #