

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

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**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0585059

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENDERSON, CARL
2947 COUTY HWY 280 WEST
DEFUNIAK SPRINGS, FL 32433**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937931
05/27/08-80071-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILKERSON, JOHN
STREET ADDRESS	297 RAILROAD AVE
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	VP
NAME	TANKERSLEY, LARRY
STREET ADDRESS	944 BELL ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	S
NAME	STANDLAND, LARRY
STREET ADDRESS	887 GERMAN CLUB ROAD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	D
NAME	HALL, TRAVIS F
STREET ADDRESS	1745 KING LAKE RD
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	P
NAME	HENDERSON, CARL
STREET ADDRESS	2947 COUNTY HWY 280 W
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #