

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790542

FILED
May 11, 2009
Secretary of State

Entity Name: WEST FLORIDA FARMERS COOPERATIVE

Current Principal Place of Business:

585 N. 9TH ST.
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

585 N. 9TH STREET
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 59-0585059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: WILKERSON, JOHN
Address: 297 RAILROAD AVE
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VP () Delete
Name: TANKERSLEY, LARRY
Address: 944 BELL ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: S () Delete
Name: STANDLAND, LARRY
Address: 867 GERMAN CLUB ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: HALL, TRAVIS F
Address: 1745 KING LAKE RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: P () Delete
Name: HENDERSON, CARL
Address: 2947 COUNTY HWY 280 W
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

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:

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: CARL HENDERSON

PRES

05/11/2009

Electronic Signature of Signing Officer or Director

Date