

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90228 033 ****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

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PALMER, JIMMY
107 SANTA ROSA AVENUE
WESTVILLE FL 32464

7. Name and Address of New Registered Agent

Name John Wilkerson
Street Address (P.O. Box Number is Not Acceptable)
297 Railroad Ave
City DeFuniak Spgs FL Zip Code 32433

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* John Wilkerson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-22-03

DATE

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ELLIS	
STREET ADDRESS	3393 CO ROAD 183B	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILKERSON, JOHN	
STREET ADDRESS	297 RAILROAD AVE	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERRING RONALD	
STREET ADDRESS	2192 BROWN ROAD	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	
TITLE	P	<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 checked="" type="checkbox"/> Delete
NAME	HOBBS, DARRELL	
STREET ADDRESS	508 NEW HARMONY LOOP	
CITY-ST-ZIP	DEFUNIAK SPRINGS FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maryln Reed	
STREET ADDRESS	1269 Hwy 1084	
CITY-ST-ZIP	DeFuniak Spgs FL 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry Swiercz	
STREET ADDRESS	1014 Bartlett Rd	
CITY-ST-ZIP	DeFuniak Spgs, FL 32433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Newborn	
STREET ADDRESS	471 Howard Jones Rd	
CITY-ST-ZIP	DeFuniak Spgs FL 32433	

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: *John Wilkerson* **REQUIRED** John Wilkerson 4-22-03 857 872 2949

CR2E037 (10/02)