

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 790555

1. Entity Name
FLORIDA FRUIT & VEGETABLE ASSOCIATION



Principal Place of Business
**800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751 US**

Mailing Address
**P.O. BOX 948153
MAITLAND, FL 32794 US**



04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0731320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STUART, MICHAEL J.
4870 RED BRICK RUN
SANFORD, FL 32771**

**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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STUART, MICHAEL J 4870 RED BRICK RUN SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARE, TONY 5715 US HIGHWAY 41 NORTH RUSKIN, FL 33575
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDA, DREW 1200 DUDA TRAIL OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAYLOR, R. JAY 932 5TH AVENUE WEST PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MERCER, JIM 3003 TAMiami TRAIL N. #400 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, FRANK C JR 6245 CR 13 SOUTH HASTINGS, FL 32145

U000000897387
04/25/08-80046-009 61.25

**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 no other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Stuart 04/10/08 (321) 214-5200

Date

Daytime Phone #