

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90059 011 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790843

1. Corporation Name

GLADES COUNTY SUGAR GROWERS COOPERATIVE ASSOCIATION

Principal Place of Business

714 8TH ST.
P O BOX 283
MOORE HAVEN FL 33471

Mailing Address

714 8TH ST.
P O BOX 283
MOORE HAVEN FL 33471



2. Principal Place of Business

21 201 2nd St & Ave N S.E.

Suite, Apt. #, etc.

22 P.O. Box 283

City & State

23 Moore Haven, FL

Zip Country

24 33471

25

2a. Mailing Address

26 201 2nd St & Ave N S.E.

Suite, Apt. #, etc.

27 P.O. Box 283

City & State

28 Moore Haven, FL

Zip Country

29 33471

30

3. Date Incorporated or Qualified

08/18/1961

4. FEI Number

59-0943148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SMITH, RALPH C.
714 8TH ST.
P.O. BOX 423
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE AST ☐ DELETE
NAME SMITH, RALPH C ASST
STREET ADDRESS 714 EIGHT STREET
CITY-ST-ZIP MOORE HAVEN FL

TITLE STD ☐ DELETE
NAME LYKES, CHARLES P
STREET ADDRESS RT, 6 BOX 503 HWY 721 S/NA
CITY-ST-ZIP OKEECHOBEE FL

TITLE D ☒ DELETE
NAME BERNER, G.R.
STREET ADDRESS 150 W. DEL MONTE AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE
NAME MILLER, COUSE
STREET ADDRESS 227 E. CRESCENT
CITY-ST-ZIP CLEWISTON FL

TITLE VD ☐ DELETE
NAME BEARDSLEY, DAVID
STREET ADDRESS RT 1 BOX 466/NA
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ DELETE
NAME BROWING, WAYNE
STREET ADDRESS US HIGHWAY 27 N
CITY-ST-ZIP MOORE HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 201 2nd St & Ave N S.E.
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Warr, Gregory
3.3 STREET ADDRESS P.O. Box 607
3.4 CITY-ST-ZIP Moore Haven, FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Asst Secy **Ralph C. Smith**

02/02/1999

941-946-0136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)