


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 790843	
1. Entity Name GLADES COUNTY SUGAR GROWERS COOPERATIVE ASSOCIATION	

Principal Place of Business 201 2ND ST AVE N S.E. P O BOX 283 MOORE HAVEN, FL 33471	Mailing Address 201 2ND ST AVE N S.E. P O BOX 283 MOORE HAVEN, FL 33471
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01112004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-0943148	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, RALPH C. 201 2ND ST & AVE N SE P.O. BOX 423 MOORE HAVEN, FL 33471

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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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	AST
NAME	SMITH, RALPH C ASST
STREET ADDRESS	201 2ND ST & AVE N S.E.
CITY-ST-ZIP	MOORE HAVEN, FL
TITLE	STD
NAME	LYKES, CHARLES P
STREET ADDRESS	RT, 6 BOX 503 HWY 721 S/NA
CITY-ST-ZIP	OKEECHOBEE, FL
TITLE	D
NAME	MILLER, COUSE
STREET ADDRESS	227 E CRESCENT
CITY-ST-ZIP	CLEWISTON, FL
TITLE	VD
NAME	BEARDSLEY, DAVID
STREET ADDRESS	RT 1 BOX 466/NA
CITY-ST-ZIP	CLEWISTON, FL
TITLE	P
NAME	BROWING, WAYNE
STREET ADDRESS	US HIGHWAY 27 N
CITY-ST-ZIP	MOORE HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ralph C. Smith *Ralph C. Smith* **01/15/2004** **863-946-0136**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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