

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90033 028 ****61.25

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	
2. Principal Place of Business 599 2nd Street Suite, Apt. #, etc. P.O. Box 423		3. Mailing Address P.O. Box 423 Suite, Apt. #, etc.			
City & State Moore Haven, Florida		City & State Moore Haven, Florida		4. FEI Number 59-0943148	
Zip 33471-0423		Country		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				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 599 2nd Street City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: Ralph C. Smith <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: center;"> </div> <div> 01/08/2005 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	AST SMITH, RALPH C ASST 201 2ND ST & AVE N S.E. MOORE HAVEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> 599 2nd Street	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LYKES, CHARLES P RT, 6 BOX 503 HWY 721 S/NA OKEECHOBEE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, COUSE 227 E. CRESCENT CLEWISTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEARDSLEY, DAVID RT 1 BOX 466/NA CLEWISTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWING, WAYNE US HIGHWAY 27 N MOORE HAVEN, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="height: 40px;"></div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> </div> <div> 01/08/2005 <small>Date</small> </div> <div> 863-946-0136 <small>Daytime Phone #</small> </div> </div>		