


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 790843 1. Entity Name GLADES COUNTY SUGAR GROWERS COOPERATIVE ASSOCIATION	
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Principal Place of Business 599 2ND STREET PO BOX 423 MOORE HAVEN, FL 33471-0423	Mailing Address P.O. BOX 423 MOORE HAVEN, FL 33471-0423
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01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0943148	Applied For 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. 599 2ND STREET P.O. BOX 423 MOORE HAVEN, FL 33471

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U00000610918
02/02/07-80040-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST SMITH, RALPH C ASST 599 2ND STREET MOORE HAVEN, FL
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	D MILLER, COUSE 227 E. CRESCENT CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEARDSLEY, DAVID RT 1 BOX 466/NA CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Ralph C. Smith **RALPH C SMITH** 01/19/2007 863-946-0136
ASST. SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #