2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 790854

1. Entity Name
FLORIDA SWEET CORN EXCHANGE

Principal Place of Business	Mailing Address
800 TRAFALGAR COURT STE 200 MAITLAND, FL 32751	PO BOX 948153 MAITLAND, FL 32794-8153

01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0993434
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAULERSON, DANNY
800 TRAFALGAR COURT
STE 200
MAITLAND, FL 32751

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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: _____ 1/5/2007
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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOLT, TOMMY
STREET ADDRESS	457 OLD COUNTRY ROAD
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	D
NAME	THOMPSON, JOE E
STREET ADDRESS	P.O. BOX 1370
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	P
NAME	ALLEN, PAUL
STREET ADDRESS	P.O. BOX 220
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	MGR
NAME	RAULERSON, DANNY
STREET ADDRESS	800 TRAFALGAR COURT STE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	D
NAME	HUNDLEY, JOHN S
STREET ADDRESS	P.O. BOX H
CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D
NAME	TYSON, BENTON
STREET ADDRESS	P.O. BOX 880
CITY-ST-ZIP	BELLE GLADE, FL 334300880

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01/12/07-80010-017 61.25

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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: _____ 1/5/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #