

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90042 038 ****61.25

DOCUMENT # 790854

1. Entity Name
FLORIDA SWEET CORN EXCHANGE



Principal Place of Business
**800 TRAFALGAR COURT
STE 200
MAITLAND, FL 32751**

Mailing Address
**PO BOX 948153
MAITLAND, FL 32794-8153**

40000387



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0993434

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

1-4-2008

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HOLT, TOMMY**
STREET ADDRESS **457 OLD COUNTRY ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33414**

TITLE **D** ☐ Delete
NAME **THOMPSON, JOE E**
STREET ADDRESS **P.O. BOX 1370**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **P** ☐ Delete
NAME **ALLEN, PAUL**
STREET ADDRESS **P.O. BOX 220**
CITY-ST-ZIP **PAHOKEE, FL 33476**

TITLE **MGR** ☐ Delete
NAME **RAULERSON, DANNY**
STREET ADDRESS **800 TRAFALGAR COURT STE 200**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE **D** ☐ Delete
NAME **HUNDLEY, JOHN S**
STREET ADDRESS **P.O. BOX H**
CITY-ST-ZIP **LOXAHATCHEE, FL 33470**

TITLE **D** ☐ Delete
NAME **TYSON, BENTON**
STREET ADDRESS **P.O. BOX 880**
CITY-ST-ZIP **BELLE GLADE, FL 334300880**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-08

Date

321-214-5200

Daytime Phone #