

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790854

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA SWEET CORN EXCHANGE

**Current Principal Place of Business:**

800 TRAFALGAR COURT  
STE 200  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 948153  
MAITLAND, FL 327948153

**New Mailing Address:**

**FEI Number:** 59-0993434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AERTS, MICHAEL  
800 TRAFALGAR COURT  
STE 200  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HOLT, TOMMY  
Address: 457 OLD COUNTRY ROAD  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: D  
Name: THOMPSON, JOE E  
Address: P.O. BOX 1370  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P  
Name: ALLEN, PAUL  
Address: P.O. BOX 220  
City-St-Zip: PAHOKEE, FL 33476

Title: MGR  
Name: AERTS, MICHAEL  
Address: 800 TRAFALGAR COURT STE 200  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: HUNDLEY, JOHN S  
Address: P.O. BOX H  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D  
Name: TYSON, BENTON  
Address: P.O. BOX 880  
City-St-Zip: BELLE GLADE, FL 334300880

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL AERTS

MGR

01/09/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date