

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790948 (4)
1. Corporation Name
TAMPA INDEPENDENT DAIRY FARMERS' ASSOCIATION, IN
C.



Principal Place of Business Mailing Address
3725 TENTH AVENUE 3725 TENTH AVENUE
P.O. BOX 75306 P.O. BOX 75306
TAMPA FL 33675-7306 TAMPA FL 33675-7306

3. Date Incorporated or Qualified 06/12/1967 3a. Date of Last Report 04/07/1995
4. FEI Number 59-1161860 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HANLON, DAVID G
501 E. KENNEDY, SUITE 1400
TAMPA FL 33602

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	TD	1.1 TITLE	SD
NAME	HIGGINS, DON.	1.2 NAME	Bart Bongers
STREET ADDRESS	P.O. BOX 810 N/A	1.3 STREET ADDRESS	Road 326
CITY-ST-ZIP	DOVER FL	1.4 CITY-ST-ZIP	Morrison, FL 32668-0369
TITLE	SD	2.1 TITLE	VD
NAME	APRILE, JIMMIE	2.2 NAME	Ron St. John
STREET ADDRESS	11004 THERESA ARBOR DR.	2.3 STREET ADDRESS	4951 N.W. 170th St.
CITY-ST-ZIP	TEMPLE TERRACE FL	2.4 CITY-ST-ZIP	Trenton, FL 32693
TITLE	VD	3.1 TITLE	
NAME	PEACHEY, JOHN	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 333-C1	3.3 STREET ADDRESS	
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	NICKERSON, NORMAN	4.2 NAME	
STREET ADDRESS	RT 1 BOX 305	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SMITH, KENNETH	5.2 NAME	
STREET ADDRESS	23421 WHITMAN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	HOBBS, JOHN E.	6.2 NAME	
STREET ADDRESS	105 BLOOMINGFIELD DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D L Higgins

D. L. Higgins, Treas. 4/30/96

813/247-3961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)