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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
P.O. BOX 75306  
TAMPA FL 33675-7306

3725 TENTH AVENUE  
P.O. BOX 75306  
TAMPA FL 33675-0306

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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 12

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS HIGGINS, DON.  
CITY-ST-ZIP P.O. BOX 810 N/A  
DOVER FL

1.1 TITLE SD ☐ Change ☒ Addition  
1.2 NAME Aprile, Joseph V.  
1.3 STREET ADDRESS 1112 W. River Dr.  
1.4 CITY-ST-ZIP Temple Terrace, FL 33617

TITLE ☒ DELETE  
NAME SD  
STREET ADDRESS BONGERS, BART  
CITY-ST-ZIP ROAD 326  
MORRISTON FL 32668-0369

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS JOHN, RON  
CITY-ST-ZIP 4951 NW 170 ST.  
TRENTON FL 32693

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS NICKERSON, NORMAN  
CITY-ST-ZIP RT 1 BOX 305  
WAUCHULA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SMITH, KENNETH  
CITY-ST-ZIP 23421 WHITMAN RD.  
BROOKSVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS HOBBS, JOHN E.  
CITY-ST-ZIP 105 BLOOMINGFIELD DR.  
BRANDON FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)