

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790961

FILED
Apr 27, 2004
Secretary of State

Entity Name: NORTH FLORIDA GROWERS EXCHANGE

Current Principal Place of Business:

8650 HASTINGS BLVD.
HASTINGS, FL 32145 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 655
HASTINGS, FL 32145 US

New Mailing Address:

FEI Number: 59-1214190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAULERSON, DANNY
4401 E COLONIAL DR
ORLANDO, FL 32814 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 () Delete
Name: BERTHA, JR, SAM
Address: PO BOX 251
City-St-Zip: BUNNELL, FL 32110

Title: PD () Delete
Name: JOHNS, JR, FRANK C
Address: 6245 CR 13 SOUTH
City-St-Zip: HASTINGS, FL 32145

Title: VPD () Delete
Name: SMITH, ZANE
Address: SOUTHERN AG & TURF
City-St-Zip: HASTINGS, FL 32145

Title: SED () Delete
Name: COTTON, WILLIAM R
Address: 8650 HASTINGS BLVD
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: BYRNES, DANIEL L
Address: PO BOX 8
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: JOHNS, DANNY
Address: PO BOX 202 BLUE SKY FARM ROAD
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM R COTTON

SED

04/27/2004

Electronic Signature of Signing Officer or Director

Date