


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 023 ****61.25

DOCUMENT # 790961 1. Entity Name NORTH FLORIDA GROWERS EXCHANGE					
Principal Place of Business 8650 HASTINGS BLVD. HASTINGS, FL 32145 US				Mailing Address P.O. BOX 655 HASTINGS, FL 32145 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08292005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1214190				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAULERSON, DANNY 4401 E COLONIAL DR ORLANDO, FL 32814			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTHA, JR, SAM PO BOX 251 BUNNELL, FL 32110 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRD, WILLIAM R P.O. BOX 158 ELKTON FL 32033 -0158 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNS, JR, FRANK C 6245 CR 13 SOUTH HASTINGS, FL 32145 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BASS, LAURA R 112 A RIO DEL MAR ST. AUGUSTINE FL 32080 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITH, ZANE SOUTHERN AG & TURF HASTINGS, FL 32145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, JR, FRANK C 6245 CR 13 SOUTH HASTINGS, FL 32145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SED COTTON, WILLIAM R 8650 HASTINGS BLVD HASTINGS, FL 32145 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE TYPED PAGE FOR OTHER ADDITIONS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRNES, DANIEL L PO BOX 8 HASTINGS, FL 32145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNS, DANNY PO BOX 202 BLUE SKY FARM ROAD HASTINGS, FL 32145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: <u>Laura Bass</u> <u>LAURA BASS</u> <u>8-29-05 (904) 471-2482</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 50065328
#790961

Please add the following names as directors.

TITLE	D
NAME	SEAY, MATT
STREET ADDRESS	P.O. BOX 1151
CITY-ST-ZIP	BUNNELL, FL 32110

TITLE	D
NAME	TILTON, AUSTIN
STREET ADDRESS	P.O. BOX 115
CITY-ST-ZIP	SAN MATEO, FL 32187-0445

TITLE	D
NAME	REVELS, ROBERT L.
STREET ADDRESS	P.O. BOX 909
CITY-ST-ZIP	EAST PALATKA, FL 32131

TITLE	D
NAME	TILTON, JR, S.J
STREET ADDRESS	661 CR 205
CITY-ST-ZIP	BUNNELL, FL 32110

TITLE	D
NAME	SMITH, WAYNE D.
STREET ADDRESS	9700 HASTINGS BLVD.
CITY-ST-ZIP	HASTINGS, FL 32145

TITLE	D
NAME	POVIA, GENE
STREET ADDRESS	5230 ST. AMBROSE CHURCH RD.
CITY-ST-ZIP	ELKTON, FL 32033

TITLE	D
NAME	BEACH, THOMAS
STREET ADDRESS	6400 CR 214
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095

TITLE	D
NAME	MALTBY, JOHNNY
STREET ADDRESS	475 POA BOY FARM ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL, 32092