2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 790961

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:	BYRD, WILLIAM R	
Address:	P.O. BOX 158	
City-St-Zip:	ELKTON, FL 320330158	
Title:	VPD	( ) Delete
Name:	SMITH, ZANE	
Address:	SOUTHERN AG & TURF	
City-St-Zip:	HASTINGS, FL 32145	
Title:	S	( ) Delete
Name:	BASS, LAURA R	
Address:	112 A RIA DEL MAR	
City-St-Zip:	SAINT AUGUSTINE, FL 32080	
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
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 exemption stated in Chapter 119, 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: ZANE W. SMITH VPD 04/30/2009

Electronic Signature of Signing Officer or Director — Date