

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 # 791002 (9)

1. Corporation Name

UNITED CANE COOPERATIVE ASSOCIATION



Principal Place of Business

**440 E HAITI
POB 545
CLEWISTON FL 33440**

Mailing Address

**440 E HAITI
POB 545
CLEWISTON FL 33440**

3. Date Incorporated or Qualified
10/16/1970

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YAUN, JOHN A.
U.S. HIGHWAY 27, 3 MILES SOUTH
MOORE HAVEN FL 33471**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	NORTH, WARREN J	
STREET ADDRESS	5575 SW 64TH AVE	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWNING, WAYNE	
STREET ADDRESS	BOX 208, NA	
CITY - ST - ZIP	BELLE GLADE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BEARDSLEY, V R	
STREET ADDRESS	339 EAST AVENIDA DEL RIO	
CITY - ST - ZIP	CLEWISTON, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BASS, R H	
STREET ADDRESS	US HWY 27 WEST	
CITY - ST - ZIP	CLEWISTON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COUSE, MILLER	
STREET ADDRESS	227 E. CRESCENT DR.	
CITY - ST - ZIP	CLEWISTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

R. H. Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
R. H. Bass, President

1/29/96

Date

941 983-9550

Day/Line Phone #

CR2E037 (12/95)