2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# 791011

Entity Name: AGRI-BUSINESS COOPERATIVE OF INDIAN RIVER

Current Principal Place of Business:

2000 N KINGS HWY
POST OFFICE BOX 670
FORT PIERCE, FL 34951

New Principal Place of Business:

2000 N KINGS HWY
FORT PIERCE, FL 34951

Current Mailing Address:

PO BOX 670
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 59-1354883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINTON, B T
8431 HIDDEN PINES ROAD
FT PIERCE, FL 33450 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: PD ( ) Delete
Name: MINTON, B T,
Address: 8431 HIDDEN PINES RD
City-St-Zip: FT PIERCE, FL 34950

Title: D ( ) Delete
Name: MINTON, SHIRLEY A.,
Address: 2501 S. INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34950

Title: STD ( ) Delete
Name: MINTON, J L,
Address: 4905 4TH STREET
City-St-Zip: VERO BEACH, FL 32968

Title: VD ( ) Delete
Name: MINTON, MICHAEL D
Address: 2513 S. INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34950

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:

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: B T MINTON PRES 03/10/2009

Electronic Signature of Signing Officer or Director — Date