2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# 791116

Entity Name: CENTRAL FLORIDA FERN COOPERATIVE, INC.

Current Principal Place of Business:

567 S. VOLUSIA AVE.
PO BOX 588
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

567 S. VOLUSIA AVE.
PO BOX 588
PIERSON, FL 32180

New Mailing Address:

FEI Number: 59-2064117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEWITT, JOHN O.
11 ALLENWOOD LOOK
ORMOND BEACH, FL 32174 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:	VPD	( ) Delete
Name:	DURAY, FRANKLIN	
Address:	P.O.B OX 1614	
City-St-Zip:	DE LEON SPRINGS, FL 32130	
Title:	SD	( ) Delete
Name:	NOLAN, MIKE	
Address:	P.O. BOX 213	
City-St-Zip:	PIERSON, FL 32180	
Title:	D	( ) Delete
Name:	HAGSTROM, DEAN	
Address:	P.O BOX 96	
City-St-Zip:	PIERSON, FL 32180	
Title:	D	(X) Delete
Name:	STOKES, ROBERT	
Address:	1770 W PLYMOUTH AVE	
City-St-Zip:	DELAND, FL 32720	
Title:	VPD	( ) Delete
Name:	NEWBOLD, J R	
Address:	P O BOX 202	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	T	( ) Delete
Name:	POWELL, VICTOR	
Address:	P O BOX 435	
City-St-Zip:	PIERSON, FL 32180	

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 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: MIKE NOLAN SD 04/06/2006
Electronic Signature of Signing Officer or Director — Date