

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791116

FILED
Mar 19, 2007
Secretary of State

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:

567 S. VOLUSIA AVE.
PIERSON, FL 32180

Current Mailing Address:

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

New Mailing Address:

567 S. VOLUSIA AVE.
PIERSON, FL 32180

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: 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: VPD (X) Change () Addition
Name: DRURY, FRANKLIN
Address: P.O. BOX 1614
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: THOMPSON, BOB
Address: 2099 TURNER RD
City-St-Zip: PIERSON, FL 32180

Title: T (X) Change () Addition
Name: TURNER, BRANDON
Address: P.O. BOX 35
City-St-Zip: PIERSON, FL 32180

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

03/19/2007

Electronic Signature of Signing Officer or Director

Date