

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791116

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA FERN COOPERATIVE, INC.

**Current Principal Place of Business:**

567 S. VOLUSIA AVE.  
PIERSON, FL 32180

**New Principal Place of Business:**

**Current Mailing Address:**

567 S. VOLUSIA AVE.  
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: DRURY, FRANKLIN  
Address: P.O. BOX 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: THOMPSON, BOB  
Address: 2099 TURNER RD  
City-St-Zip: PIERSON, FL 32180

Title: T ( ) Delete  
Name: TURNER, BRANDON  
Address: P.O. BOX 35  
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:

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: MIKE NOLAN

SD

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date