

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791127

FILED
Jan 26, 2007
Secretary of State

Entity Name: FLORIDA STRAWBERRY GROWERS ASSOCIATION

Current Principal Place of Business:

13138 LEWIS GALLAGHER ROAD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 2550
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 59-2252497

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAULERSON, DAN
13138 LEWIS GALLAGHER RD
DOVER, FL 33527 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: D () Delete
Name: GRIFFIN, RUSSELL
Address: 3420 GALLAGHER ROAD
City-St-Zip: DOVER, FL 33527

Title: P () Delete
Name: BROCK, TOMMY
Address: 3536 TOMMY BROCK PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: GROOMS, CARL
Address: 3838 FANCY FARMS ROAD
City-St-Zip: PLANT CITY, FL 33566

Title: D () Delete
Name: WETHERINGTON, LANE
Address: 2091 S. WOOTEN ROAD
City-St-Zip: DOVER, FL 33527

Title: T () Delete
Name: ST.MARTIN, JOHNNY
Address: 3115 S. SAM ASTIN ROAD
City-St-Zip: PLANT CITY, FL 33567

Title: VP () Delete
Name: TURGEAU, MAURICE
Address: 7648 NOTTINGTONHILL SKY DRIVE
City-St-Zip: APOLLO BEACH, FL 33572

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: TOMMY BROCK

MR.

01/26/2007

Electronic Signature of Signing Officer or Director

Date