

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 791127

**FILED**  
**Mar 10, 2011**  
**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  
Name: CONNELL, JOEL  
Address: 3910 N WILDER RD  
City-St-Zip: PLANT CITY, FL 33565

Title: D  
Name: MCDONALD, ANDY  
Address: 2636 BRIDLE RD  
City-St-Zip: PLANT CITY, FL 33566

Title: D  
Name: FOX, LISA  
Address: 10070 MCINTOSH RD  
City-St-Zip: DOVER, FL 33527

Title: D  
Name: LOTT, MIKE  
Address: 806 E OLD HILLSBOROUGH AVE  
City-St-Zip: SEFFNER, FL 33584

Title: D  
Name: SEWELL, MARC  
Address: 2565 AL SIMMONS RD  
City-St-Zip: DOVER, FL 33527

I hereby 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 all other like empowered.

SIGNATURE: JOEL CONNELL

D

03/10/2011

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

\_\_\_\_\_  
Date