2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 807119

1. Entity Name
FLUE-CURED TOBACCO COOPERATIVE STABILIZATION CORPORATION

Principal Place of Business	Mailing Address
STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE, BOX 12300 RALEIGH, NC 27605	STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE, BOX 12300 RALEIGH, NC 27605

DO NOT WRITE IN THIS SPACE

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
56-0484598
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DASHER, KENNETH
8763 CR 252
LIVE OAK, FL 32060

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLYE, BRUCE L.
STREET ADDRESS	P.O. BOX 159 N/A
CITY-ST-ZIP	BATTLEBORO, NC 27809
TITLE	VPD
NAME	DELOACH, LAMAR
STREET ADDRESS	167 WESTSIDE RD
CITY-ST-ZIP	STATESBORO, GA 30458
TITLE	T
NAME	KENNETH, BOPP M
STREET ADDRESS	1304 ANNAPOLIS DR
CITY-ST-ZIP	RALEIGH, NC 27608
TITLE	VPD
NAME	DASHER, KENNETH
STREET ADDRESS	RT 3, BOX 320
CITY-ST-ZIP	LIVE OAK, FL
TITLE	VPD
NAME	SHEPHERD, ANDREW Q
STREET ADDRESS	RT 4, BOX 210
CITY-ST-ZIP	BLACKSTONE, VA
TITLE	VD
NAME	JOHNSON, ALBERT M.
STREET ADDRESS	RT 3 BOX 167B N/A
CITY-ST-ZIP	GALIVANTS FERRY, SC

U00000173321
01/07/05-80015-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] / KENNETH M BOPP TREASURER 1-3-05 919-821-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #