

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	
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Principal Place of Business STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE, BOX 12300 RALEIGH, NC 27605	Mailing Address STABILIZATION CORPORATION 1304 ANNAPOLIS DRIVE, BOX 12300 RALEIGH, NC 27605
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01032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0484598	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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.

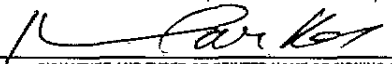
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLYE, BRUCE L. P.O. BOX 159 N/A BATTLEBORO, NC 27809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DELOACH, LAMAR 167 WESTSIDE RD STATESBORO, GA 30458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNETH, BOPP M 1304 ANNAPOLIS DR RALEIGH, NC 27608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DASHER, KENNETH RT 3, BOX 320 LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHEPHERD, ANDREW Q RT 4, BOX 210 BLACKSTONE, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ALBERT M. RT 3 BOX 167B N/A GALIVANTS FERRY, SC

DO NOT WRITE IN THIS SPACE

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:  KENNETH M BOPP TREASURER 1-3-05 919-821-4500	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		