

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90056 017 ****61.25

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1. Entity Name
STAPLE COTTON COOPERATIVE ASSOCIATION



Principal Place of Business
**210 W. MARKET STREET
GREENWOOD, MS 38930**

Mailing Address
**P.O. BOX 547
GREENWOOD, MS 38935**

40001653



01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
214 W. Market Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Greenwood, MS

City & State

4. FEI Number
64-0247150

Applied For
Not Applicable

Zip
38930

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	LAMENDORF, BEN	
STREET ADDRESS	117 DOGWOOD ST	
CITY-ST-ZIP	CARY, MS 39054	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	EASTLAND, WOODS E	
STREET ADDRESS	1304 BAYOU DRIVE	
CITY-ST-ZIP	INDIANOLA, MS 38751	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	ROBERTSON, CHARLES W	
STREET ADDRESS	257 SPRINGWOOD DR	
CITY-ST-ZIP	TERRY, MS 39170	
TITLE	GC	<input type="checkbox"/> Delete
NAME	DOWNS, KENNETH E	
STREET ADDRESS	RT 1 BOX 216 A	
CITY-ST-ZIP	CAROLLTON, MS 38917	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, M B	
STREET ADDRESS	1100 GRAND BLVD	
CITY-ST-ZIP	GREENWOOD, MS 38930	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, COLEY L	
STREET ADDRESS	619 INDUSTRIAL PARK RD	
CITY-ST-ZIP	GRENADA, MS 38901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Theresa Brown, Sec. General
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/07
Date

662-455-8847
Daytime Phone #