

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005839

FILED
Feb 25, 2009
Secretary of State

Entity Name: STAPLE COTTON COOPERATIVE ASSOCIATION

Current Principal Place of Business:

214 W MARKET ST
GREENWOOD, MS 38930

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547
GREENWOOD, MS 38935

New Mailing Address:

FEI Number: 64-0247150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: C () Delete
Name: LAMENDORF, BEN
Address: 117 DOGWOOD ST
City-St-Zip: CARY, MS 39054

Title: CEO () Delete
Name: EASTLAND, WOODS E
Address: 1304 BAYOU DRIVE
City-St-Zip: INDIANOLA, MS 38751

Title: VCFO () Delete
Name: ROBERTSON, CHARLES W
Address: 257 SPRINGWOOD DR
City-St-Zip: TERRY, MS 39170

Title: VPS () Delete
Name: DOWNS, KENNETH E
Address: 2829 CTY RD 53
City-St-Zip: CARROLLTON, MS 38917

Title: V () Delete
Name: ALLEN, M B
Address: 1100 GRAND BLVD
City-St-Zip: GREENWOOD, MS 38930

Title: D () Delete
Name: BAILEY, COLEY L
Address: 619 INDUSTRIAL PARK RD
City-St-Zip: GRENADA, MS 38901

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
Name:
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 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: KENNETH E. DOWNS

VPS

02/25/2009

Electronic Signature of Signing Officer or Director

Date