

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2009  
Secretary of State

DOCUMENT# N01000002895

Entity Name: SEALD-SWEET GROWERS, INC.

**Current Principal Place of Business:**

1991 74TH AVE.  
VERO BEACH, FL 32966

**New Principal Place of Business:**

**Current Mailing Address:**

235 ALTARA AVENUE  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 59-0245960      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WALLACE, CHRISTINE  
1991 74TH AVENUE  
VERO BEACH, FL 32966      US

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      ( ) Delete  
Name: EDWARDS, RONALD  
Address: 536 POINT LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: D      ( ) Delete  
Name: FISCHER, EVERETTE  
Address: 131 MAGNOLIA STREET  
City-St-Zip: WINDERMERE, FL 34786

Title: PD      ( ) Delete  
Name: HUNT, FRANK  
Address: 1991 74 AVENUE  
City-St-Zip: VERO BEACH, FL 32966

Title: D      ( ) Delete  
Name: GATES, PHILIP C JR  
Address: 2323 SOUTH INDIAN RIVER DRIVE  
City-St-Zip: FT. PIERCE, FL 34950

Title: D      ( ) Delete  
Name: GRIFFIN, BEN H IV  
Address: 1 BACRES LANE  
City-St-Zip: FROSTPROOF, FL 33843

Title: VP/S      ( ) Delete  
Name: HAMNER, GEORGE F JR  
Address: 995 SANDFLY LANE  
City-St-Zip: VERO BEACH, FL 32963

**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:

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: CORALEE G. PENABAD, AUTH. REP.

D

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date