

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002895

FILED
May 01, 2009
Secretary of State

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