

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008839

FILED
Jan 20, 2009
Secretary of State

Entity Name: NEW VARIETIES DEVELOPMENT & MANAGEMENT CORP.

Current Principal Place of Business:

% FLORIDA CITRUS PACKERS
302 S MASSACHUSETTS AVE STE 203
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

% FLORIDA CITRUS PACKERS
P O BOX 1113
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 20-3767882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAIRES, JAMES PETER
302 S MASSACHUSETTS AVE
SUITE 203
LAKELAND, FL 33801 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: D () Delete
Name: ROE, QUENTIN J
Address: % WM G. ROE & SONS - 500 AVE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D () Delete
Name: FORT, RICHARD A JR
Address: % PEACE RIVER PACKING CO-221 W. BROADWAY
City-St-Zip: FT MEADE, FL 33841 US

Title: D () Delete
Name: BROADAWAY, DENNIS P
Address: %HAINES CITY CITRUS GROWERS-#8 RAILROAD AV
City-St-Zip: HAINES CITY, FL 33845 US

Title: D () Delete
Name: FARRINGTON, RAPHORD
Address: %BEN HILL GRIFFIN, INC.-700 S. SCENIC HWY
City-St-Zip: FROSTPROOF, FL 33843 US

Title: D () Delete
Name: HUNT, FRANK M III
Address: %HUNT BROS COOP.-2404 S.E. HUNT BROTHERS R
City-St-Zip: LAKE WALES, FL 33859 US

Title: D () Delete
Name: SANCHEZ, MARK J
Address: %SUN AG, INC. - 7735 COUNTY RD 512
City-St-Zip: FELLSMERE, FL 32948 US

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
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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: QUENTIN J. ROE

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date