

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011210

FILED
Apr 05, 2006
Secretary of State

Entity Name: SOCIALLY ACCOUNTABLE FARM EMPLOYERS, INC.

Current Principal Place of Business:

800 N MAGNOLIA AVE SUITE 1500
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 N MAGNOLIA AVE SUITE 1500
ORLANDO, FL 32803

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES LLC
800 N MAGNOLIA AVE SUITE 1500
ORLANDO, FL 32803 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MAINSTER, BARBARA
Address: 402 W. MAIN STREET
City-St-Zip: IMMOKALEE, FL 34142 US

Title: T () Change (X) Addition
Name: STUART, MICHAEL J
Address: P. O. BOX 948153
City-St-Zip: MAITLAND, FL 32794 US

Title: D () Change (X) Addition
Name: BROWN, REGINALD L
Address: 800 TRAFALGAR COURT, SUITE 300
City-St-Zip: MAITLAND, FL 32751 US

Title: D () Change (X) Addition
Name: KIRK, STEVEN
Address: P. O. BOX 343529
City-St-Zip: FLORIDA CITY, FL 33034 US

Title: D () Change (X) Addition
Name: REYNA, SUSAN
Address: P. O. BOX 900685
City-St-Zip: HOMESTEAD, FL 33033 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. STUART

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04/05/2006

Electronic Signature of Signing Officer or Director

Date