## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 11, 2007 8:00 am Secretary of State

DOCUMENT # N05000011210  1. Entity Name SOCIALLY ACCOUNTABLE FARM EMPLOYERS, INC.							04-11-200	07 900 <b>3</b> 9 03	34 ****6	51.25
Principal Place of Business P.O. BOX 940926 MAITLAND, FL 32794-0926			Mailing Address P.O. BOX 940926 MAITLAND, FL 32794-0926							HIST B. (BS.)
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142007				14151 51 4554
City & State			City & State			4. FF! Number	Chg-NP	CR2E037	·	plied For
					20-471			No	t Applicable	
Zip Country		Zip	Cour			8.75 Add ee Required				
	6. Name	and Address of Current	Registered Agent		Name	7. Name and A	ddress of New	Registered Ag	gent	
DEAN MEAD SERVICES LLC 800 N MAGNOLIA AVE SUITE 1500				<u> </u>		(P.O. Box Number	is Not Acceptat	ole)		
ORLANDO	), FL 328	03								
l				-	City			FL	Zip Code	9
	named entit		or the purpose of changing its	registere	d office or registe	ered agent, or both	, in the State of f	Florida. I am fa	miliar with,	and accept
		•								
SIGNATURE .										
	Signature, typed	d or printed name of registered agent	and title if applicable. (NOTE	E: Registered	Agent signature require	ad when reinstating)		DATE		
	Filing Fe	ee is \$61.25 May 1, 2007	9. Election Can Trust Fund C	npaign Fir	nancing	\$5.00 May Be Added to Fees		Make check porida Departn		
10.	Filing Fe Due by &	e is \$61.25	9. Election Can Trust Fund C	npaign Fir Contributio	nancing on.	\$5.00 May Be	Fic	Make check porida Departn	CTORS IN	ate 10
10. ITILE NAME STREET ADDRESS CITY-ST-ZIP	P MAINSTE 402 W. M	ee is \$61.25 May 1, 2007	9. Election Can Trust Fund C	npaign Fir Contributio 11. TITLE NAME STREE	nancing on.	\$5.00 May Be Added to Fees	Fic	Make check porida Departn	nent of St	ate
TITLE NAME STREET ADDRESS	P MAINSTE 402 W. M IMMOKAI T STUART, P. O. BOX	De is \$61.25 May 1, 2007  OFFICERS AND DIE  OFFI	9. Election Can Trust Fund C	npaign Fir Contribution 11. TITLE NAME STREE CITY-S	T ADDRESS T ADDRESS	\$5.00 May Be Added to Fees	Fic	Make check porida Departn EERS AND DIRE	CTORS IN	ate 10
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12. Thereby certify that the information supplied with this faing does not quality for the exemptions contained 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 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 appropriate execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in chapter 617.

SIGNATURE:

Michael J. Stuart

03/19/07

(321) 214-5200

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Daytime Phone #