


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90028 012 \*\*\*\*61.25

<b>DOCUMENT # N05000011210</b>					
<b>1. Entity Name</b> SOCIALLY ACCOUNTABLE FARM EMPLOYERS, INC.					
<b>Principal Place of Business</b> P.O. BOX 940926 MAITLAND, FL 32794-0926			<b>Mailing Address</b> P.O. BOX 940926 MAITLAND, FL 32794-0926		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>800 Trafalgar Court</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Maitland, FL</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> <b>20-4718419</b>	
<b>Zip</b> <b>32751</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DEAN MEAD SERVICES LLC 800 N MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803				<b>7. Name and Address of New Registered Agent</b>	
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MAINSTER, BARBARA 402 W. MAIN STREET IMMOKALEE, FL 34142	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> STUART, MICHAEL J P. O. BOX 948153 MAITLAND, FL 32794	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BROWN, REGINALD L 800 TRAFALGAR COURT, SUITE 300 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KIRK, STEVEN P. O. BOX 343529 FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> REYNA, SUSAN P. O. BOX 900685 HOMESTEAD, FL 33033	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.</b>					
<b>SIGNATURE:</b> _____ <b>Michael J. Stuart</b> <b>04/10/08</b> <b>(321) 214-5200</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					