

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011210

FILED
Jan 27, 2009
Secretary of State

Entity Name: SOCIALLY ACCOUNTABLE FARM EMPLOYERS, INC.

Current Principal Place of Business:

800 TRAFALGAR COURT
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940926
MAITLAND, FL 327940926

New Mailing Address:

FEI Number: 20-4718419

FEI Number Applied For ()

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BECKMAN, ED
Address: 8455 N. MILLBROOK AVE., SUITE 109
City-St-Zip: FRESNO, CA 93720 US

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: REGINALD L. BROWN

D

01/27/2009

Electronic Signature of Signing Officer or Director

Date