

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jan 19, 2009**  
**Secretary of State**

DOCUMENT# N08000010425

**Entity Name:** FLORIDA'S NATURAL GROWERS FOUNDATION, INC.**Current Principal Place of Business:**20503 HIGHWAY 27 NORTH  
LAKE WALES, FL 33853**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1111  
LAKE WALES, FL 33859**New Mailing Address:****FEI Number:** 90-0427673**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HENDRY, WILLIAM J  
1717 LAKE GROVE LANE  
ORLANDO, FL 32806 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: DP ( ) Delete  
Name: LINCER, WALTER M  
Address: 4907 WILLOW BROOK CIRCLE  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: DVT ( ) Delete  
Name: HENDRY, WILLIAM J  
Address: 1717 LAKE GROVE LANE  
City-St-Zip: ORLANDO, FL 32806

Title: DS ( ) Delete  
Name: LATHAM, DAVID C  
Address: 1707 KALEY WOOD COURT  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: CARUSO, STEPHEN M  
Address: 1355 SOUTH SUMMERLIN AVENUE  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: LANGLEY, SUSAN  
Address: 706 PALMORE COURT  
City-St-Zip: LAKELAND, FL 33813

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

**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: CH/D (X) Change ( ) Addition  
Name: CARUSO, STEPHEN M  
Address: 1355 SOUTH SUMMERLIN AVENUE  
City-St-Zip: ORLANDO, FL 32806

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

Title: VP ( ) Change (X) Addition  
Name: HAYDE, NIKKI B  
Address: 2908 VINTAGE VIEW CIRCLE  
City-St-Zip: LAKELAND, FL 33812

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: WILLIAM J. HENDRY

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01/19/2009

Electronic Signature of Signing Officer or Director

Date