


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90054 044 ****61.25

DOCUMENT # N13208 1. Entity Name SOUTHEASTERN MEAT ASSOCIATION, INC.					
Principal Place of Business 315 TUSKAWILLA RD. WINTER SPRINGS, FL 32708			Mailing Address P.O. BOX 620777 OVIEDO, FL 32762		
2. Principal Place of Business - No P.O. Box # 989 GREENTREE DR.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WINTER PARK, FL		City & State		4. FEI Number 59-2642242	
Zip 32789		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONDICK, ANNA J 989 GREENTREE DR. WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DAVID PO BOX 206 ALMA, GA 31510	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, J.D. JR. P.O. BOX 963 VALDOSTA, GA 31603	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERNIN, ADAM P.O. BOX 429 CENTER HILL, FL 34254	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORD, WAYNE PO BOX 1000 DEXTER, GA 31019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, SCOTT P.O. BOX 708 ELBA, AL 36323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNING, SCOTT P.O. BOX 220 FITZGERALD, GA 31750	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRY WAMPLER Box 429 LENDOR CITY, TN 37771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, SCOTT P.O. BOX 708 ELBA, AL 36323	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNING, SCOTT P.O. BOX 220 FITZGERALD, GA 31750	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 all other like empowered.					

60029031



02252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2642242

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LEE, DAVID
PO BOX 206
ALMA, GA 31510

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
CARROLL, J.D. JR.
P.O. BOX 963
VALDOSTA, GA 31603

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
CHERNIN, ADAM
P.O. BOX 429
CENTER HILL, FL 34254

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LORD, WAYNE
PO BOX 1000
DEXTER, GA 31019

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KELLY, SCOTT
P.O. BOX 708
ELBA, AL 36323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
DOWNING, SCOTT
P.O. BOX 220
FITZGERALD, GA 31750

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
HARRY WAMPLER
Box 429
LENDOR CITY, TN 37771

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
KELLY, SCOTT
P.O. BOX 708
ELBA, AL 36323

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
DOWNING, SCOTT
P.O. BOX 220
FITZGERALD, GA 31750

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: Anna J. Ondick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/07 407-365-5661

Date Daytime Phone #

ANNA J. ONDICK