2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State
04-14-2008 90072 046 ****61.25

DOCUMENT # N13208

1. Entity Name
SOUTHEASTERN MEAT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
989 GREENTREE DR WINTER PARK, FL 32789	P.O. BOX 620777 OVIEDO, FL 32762

66009999

03192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2642242
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ONDICK, ANNA J
989 GREENTREE DR.
WINTER PARK, FL 32789

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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: Scott Downing President 3/27/2008
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEE, DAVID
STREET ADDRESS	PO BOX 206
CITY-ST-ZIP	ALMA, GA 31510
TITLE	D
NAME	CARROLL, J.D. JR.
STREET ADDRESS	P.O. BOX 963
CITY-ST-ZIP	VALDOSTA, GA 31603
TITLE	PD
NAME	CHERNIN, ADAM
STREET ADDRESS	P.O. BOX 429
CITY-ST-ZIP	CENTER HILL, FL 34254
TITLE	D
NAME	WAMPLER, HARRY
STREET ADDRESS	BOX 429
CITY-ST-ZIP	LENOIR CITY, TN 37771
TITLE	D
NAME	KELLY, SCOTT
STREET ADDRESS	P.O. BOX 708
CITY-ST-ZIP	ELBA, AL 36323
TITLE	VPD
NAME	DOWNING, SCOTT
STREET ADDRESS	P.O. BOX 220
CITY-ST-ZIP	FITZGERALD, GA 31750

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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 Ondick SEMA Executive Director 4/1/08 407-644-3720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #