

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.	
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Principal Place of Business 989 GREENTREE DR WINTER PARK, FL 32789	Mailing Address P.O. BOX 620777 OVIEDO, FL 32762
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66009999



DO NOT WRITE IN THIS SPACE

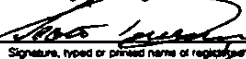
03192008 No Chg-NP CR2E037 (4/06)

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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IN THIS SPACE**

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 NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DAVID PO BOX 206 ALMA, GA 31510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, J.D. JR. P.O. BOX 963 VALDOSTA, GA 31603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHERNIN, ADAM P.O. BOX 429 CENTER HILL, FL 34254
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAMPLER, HARRY BOX 429 LENOIR CITY, TN 37771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, SCOTT P.O. BOX 708 ELBA, AL 36323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOWNING, SCOTT P.O. BOX 220 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:  **SEMA Executive Director** **4/1/08** **407-644-3720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #