2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13208

FILED Mar 10, 2009 Secretary of State

Entity Name: SOUTHEASTERN MEAT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 989 GREENTREE DR WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** P.O. BOX 620777 OVIEDO, FL 32762 FEI Number: 59-2642242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ONDICK, ANNA J 989 GREENTREE DR. WINTER PARK, FL 32789 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LEE, DAVID Name: Name: PO BOX 206 Address: Address: City-St-Zip: ALMA, GA 31510 City-St-Zip: Title: Title: () Delete () Change () Addition CARROLL, J.D. JR. Name: Name: Address: P.O. BOX 963 Address: City-St-Zip: VALDOSTA, GA 31603 City-St-Zip: Title: PD() Delete Title: (X) Change () Addition CHERNIN, ADAM Name: CHERNIN, ADAM Name: Address: P.O. BOX 429 Address: P.O. BOX 429 City-St-Zip: CENTER HILL, FL 34254 City-St-Zip: CENTER HILL, FL 34254 Title: () Delete Title: () Change () Addition WAMPLER, HARRY Name: Name: Address: **BOX 429** Address: City-St-Zip: LENOIR CITY, TN 37771 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition KELLY, SCOTT Name: Name: KELLY, SCOTT P.O. BOX 708 Address: Address: P.O. BOX 708 City-St-Zip: ELBA, AL 36323 City-St-Zip: ELBA, AL 36323 Title: () Delete Title: (X) Change () Addition DOWNING, SCOTT DOWNING, SCOTT Name: Name: Address: P.O. BOX 220 Address: P.O. BOX 220 FITZGERALD, GA 31750 FITZGERALD, GA 31750 City-St-Zip: 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: SCOTT DOWNING PRES 03/10/2009