


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90127 039 \*\*\*\*61.25

**50034312**

<b>DOCUMENT # N19354</b> 1. Entity Name <b>THE RARE FRUIT COUNCIL INTERNATIONAL, INC.</b> <b>MANATEE COUNTY CHAPTER</b>					
Principal Place of Business <b>P.O. BOX 1656</b> <b>BRADENTON, FL 34206</b>			Mailing Address <b>P.O. BOX 1656</b> <b>BRADENTON, FL 34206</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0220160</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JONES, RAY T.</b> <b>336 49 STREET, WEST</b> <b>PALMETTO, FL 34221</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RAY T		NAME	Farrell Baker	
STREET ADDRESS	336 49 ST. W		STREET ADDRESS	10427 Sandpiper Rd W	
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP	Bradenton, Fl 34209	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMANN, DAVID		NAME	Peter Ray	
STREET ADDRESS	1100 YALE AVE.		STREET ADDRESS	9603 25th St E.	
CITY-ST-ZIP	BRADENTON, FL 34207		CITY-ST-ZIP	Parrish, Fl 34219	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALSER, SPENCER		NAME	Pat McClain	
STREET ADDRESS	3026 SAFFOLD RD.		STREET ADDRESS	PO Box 1530	
CITY-ST-ZIP	WIMAUMA, FL 33598		CITY-ST-ZIP	Palmetto, Fl 34220	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAVALLEY, DAN		NAME	Birgitte Runge-Goings	
STREET ADDRESS	610 MANATEE AVE. DR., SW		STREET ADDRESS	PO Box 261	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	Terra Ceia, Fl 34250	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Ray T. Jones</i> <b>RAY T. JONES</b> <b>3/30/05</b> <b>941-729-5985</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					