
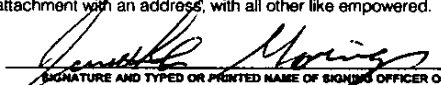


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90195 022 ****61.25

DOCUMENT # N19354 1. Entity Name THE RARE FRUIT COUNCIL INTERNATIONAL, INC. MANATEE COUNTY CHAPTER					
Principal Place of Business P.O. BOX 1656 BRADENTON, FL 34206			Mailing Address P.O. BOX 1656 BRADENTON, FL 34206		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0220160	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JONES, RAY T. 336 49 STREET, WEST PALMETTO, FL 34221			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)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, FARRELL		NAME	JON GOINGS	
STREET ADDRESS	10427 SANDPIPER RD W		STREET ADDRESS	PO BOX 261	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	TERRA CEIA FL 34220	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, PETER		NAME	ABE EPSTEIN	
STREET ADDRESS	9603 25TH ST E		STREET ADDRESS	6620 17TH AVE COURT WEST	
CITY-ST-ZIP	PARRISH, FL 34219		CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, PAT		NAME	DIANE WALLACE	
STREET ADDRESS	P.O. BOX 1530		STREET ADDRESS	1804 49TH AVE EAST	
CITY-ST-ZIP	PALMETTO, FL 34220		CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUNGE-GOINGS, BIRGITTE		NAME	KAREN CARPENTER	
STREET ADDRESS	P.O. BOX 261		STREET ADDRESS	6625 PLEASANT HILL ROAD	
CITY-ST-ZIP	TERRA CEIA, FL 34250		CITY-ST-ZIP	BRADENTON FL 34203	
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 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: 			4/12/06 941-809-1275		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		