

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21251

FILED  
Apr 03, 2009  
Secretary of State

**Entity Name:** PERENNIAL PEANUT PRODUCERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O LINDY CONE  
4244 SW SUNDOWN CREEK RD  
GREENVILLE, FL 32331

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LINDY CONE  
4244 SW SUNDOWN CREEK RD  
GREENVILLE, FL 32331

**New Mailing Address:**

P. O. BOX 352  
MADISON, FL 32341

**FEI Number:** 26-3818033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONE, LINDY S  
4244 SW SUNDOWN CREEK RD  
GREENVILLE, FL 32331 US

**Name and Address of New Registered Agent:**

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:**

Title: T ( ) Delete  
Name: CONE, LINDY S  
Address: 4244 SW SUNDOWN CREEK RD.  
City-St-Zip: GREENVILLE, FL 32331

Title: P ( ) Delete  
Name: BASFORD, STEVE  
Address: 1212 SPIVEY RD  
City-St-Zip: GRAND RIDGE, FL 32442

Title: VP ( ) Delete  
Name: CARUTHERS, DAVID  
Address: 1528 CR 232A  
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete  
Name: DOUG, MAYO  
Address: 2741 PENNSYLVANIA AVE, STE. 3  
City-St-Zip: MARIANNA, FL 32448

Title: S ( ) Delete  
Name: CURTIS, DOREEN  
Address: 7030 177TH DR  
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete  
Name: OLSON, CLAY  
Address: 203 FOREST PK DR  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LINDY S. CONE

T

04/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date