

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21968

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA PORK IMPROVEMENT GROUP, INC.

Current Principal Place of Business:

C/O SCOTTIE J. BUTLER
5700 SW 34 STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

Current Mailing Address:

C/O SCOTTIE J. BUTLER
5700 SW 34 STREET
GAINESVILLE, FL 32608

New Mailing Address:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

FEI Number: 59-2721981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKRELL, WM P
5700 SW 34 STREET
GAINESVILLE, FL 32608 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: PD () Delete
Name: LYONS, RICKY
Address: RT. 1 BOX 461
City-St-Zip: MAYO, FL 32066

Title: VP () Delete
Name: CRAWFORD, TOM
Address: RT 2, BOX 410
City-St-Zip: LAKE BUTLER, FL 32054

Title: D () Delete
Name: BRASWELL, PAUL
Address: ROUTE 3 BOX 35
City-St-Zip: GREENVILLE, FL 32331

Title: D () Delete
Name: WOOD, JIM
Address: 1753 U.S. 27 SOUTH
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: SELPH, CLEVIE
Address: ROUTE 1 BOX 158
City-St-Zip: JENNINGS, FL 32053

Title: D () Delete
Name: LYONS, CHAD
Address: RT. 1 BOX 461
City-St-Zip: MAYO, FL 32066

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: WM PATRICK COCKRELL

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date