

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32697

FILED  
Mar 11, 2011  
Secretary of State

**Entity Name:** FLORIDA FRUIT & VEGETABLE ASSOCIATION POLITICAL ACTION COMMITTEE, INCORPORATED

**Current Principal Place of Business:**

800 TRAFALGAR CT  
STE 200  
MAITLAND, FL 32751 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 948153  
MAITLAND, FL 32794 US

**New Mailing Address:**

**FEI Number:** 59-2995677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUART, MICHAEL J  
800 TRAFALGAR CT  
STE 200  
MAITLAND, FL 32751 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: C  
Name: STUART, MICHAEL J  
Address: 800 TRAFALGAR COURT, STE. 200  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: BROWN, REGGIE  
Address: 800 TRAFALGAR COURT, STE. 300  
City-St-Zip: MAITLAND, FL 32751

Title: D  
Name: ESFORMES, LIZ  
Address: 503 10TH STREET W.  
City-St-Zip: PALMETTO, FL 34220

Title: D  
Name: NEILL, DAVID  
Address: 2709 MCNEIL RD  
City-St-Zip: FORT PIERCE, FL 34981

Title: D  
Name: DANA, MICHAEL  
Address: 110 LANSING ISLAND DRIVE  
City-St-Zip: SATTELITE BEACH, FL 32937

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. STUART

C

03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date