## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

UPPER ST. JOHNS FOOD PRODUCERS ASSOCIATION, INC.

6254	KEMPI	ER	ROAD	
ST. (	<b>GUOJ</b> K	FL	34773	

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

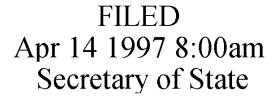
Mailing Address

6254 KEMPFER ROAD ST. CLOUD FL 34773-9363

2a. Mailing Address

Suite, Apt. #, etc.

26





Date Incorporated or Qualified 09/20/1989

Number 59-2968516

5. Certificate of Status Desired

3a. Date of Last Report 05/01/1996

Applied For

\$8.75 Additional

Not Applicable

2		27				5. Certificate of Statos Desired	L	Fee Re	quired
City & State	9	City & State				6. Election Campaign Financing		\$5.00	May Be
3		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for			199.032,
4	25	29	30					M No	
	9. Name and Address of Currer	nt Registered Agent		227 11		10. Name and Address of New R	egistered	Agent	
				<b>81</b> Na	me				
	ER, BILLY			<b>82</b> Str	et Addre	ess (P.O. Box Number is Not Accepta	ıble)		
6254 KEMPFER ROAD			Į						
ST, CLC	)UD, FL. 34773			83					
				<b>84</b> Cit	,			<b>65</b> Zip (	Code
				<u></u>			FL.		<del></del>
office or r	to the provisions of Sections 617.050 ealstered agent, or both, in the State	iz and 617.1508, Florida Si of Florida. Such change v	latutes, the at vas authorizad	oove-nan d by the	nea corpi corporati	oration submits this statement for the on's board of directors. I hereby acce	purpose of	i changing its xointment as	s registerea registerea
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0500	3, Florida Stat	utes.	•	·	• • •		•
SIGNATURE ,				<del>, , , , , , , , , , , , , , , , , , , </del>			·		
12.	Signature, typed or printed name of registered age OFFICERS AN		(NOTE: Registored	Agent sign	alure require	id when reinstating) ADDITIONS/CHANGES TO OFF	DATE CERS AND	) DIRECTOR	G IN 12
TITLE	D OFFICE IS AN	DELETE		TI F		ADDITIONA/OTIANALO TO OTT	DE TIO / TIVE	Change	Addition
NAME	LEARY, PATRICK		1.2 NA		· I				
STREET ADDRESS	7735 S.R. 512			reet addri	ss				
CITY-ST-ZIP	FELSMERE FL			TY-ST-ZIP	.55				
TITLE	PD	☐ DELETE	2.1 10			<del></del>		Change	Addition
NAME	KEMPFER, BILLY		2.2 N		1				_
STREET ADDRESS	6254 KEMPFER RD.			reet addri	22:				
CITY-ST-ZIP	ST. CLOUD FL		and the state of	1TY - \$7 - ZIP					
TITLE	VD	☐ DELETE			$\neg$			Change	Addition
NAME	SARTORI, JIM		3.2 NA	ME					
STREET ADDRESS	3100 N. RIVERSIDE DRIVE		3.3 ST	REET ADDRI	ss				
CITY-ST-ZIP	INDIALANTIC FL		3.4. C	ITY-ST-ZIP					
TITLE	STD	☐ DELETE	4.1 7()	rte.				☐ Change	Addition
NAME	PLATT, CARLYLE		4.2 N	AME					
STREET ADDRESS	2200 SIMON RD.		4.3 ST	REET ADDRE	SS				
CITY-ST-ZIP	MELBOURNE FL		4.4 CF	1Y-\$1-ZIP					
TITLE	D	DELETE	5.1 177	LLE	T-"			☐ Change	Addition
NAME	TUCKER, ANDY		5.2 NA	ME		•			
STREET ADDRESS	4115 S. FISKE BLVD.		5.3 ST	REET ADDRE	SS				
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CI	TY-ST-ZIP			·		
TITLE		DELETE	6.1 Til	lf E				☐ Change	Addition
NAME			6.2 NA	IME					
street address			6.3 ST	reet addri	SS				
CITY-ST-ZIP.				TY-ST-ZIP			1.5.		
informatio	n indicated on this annual report or s	supplemental annual repor	i is true and a	occurate.	and that	in Section 119.07(3)(i), Florida Statut my signature shall have the same leg as required by Chapter 617, Florida	al effect as	s if made und	der oath: tha