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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34274**

1. Corporation Name
UPPER ST. JOHNS FOOD PRODUCERS ASSOCIATION, INC.

* 5 4 0 8 0 7 *
540807 - 90300 - 25

Principal Place of Business	Mailing Address
6254 KEMPFER ROAD ST. CLOUD FL 34773	6254 KEMPFER ROAD ST. CLOUD FL 34773

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/20/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2968516 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KEMPFER, BILLY
6254 KEMPFER ROAD
ST, CLOUD, FL. 34773

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City **FL**	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LEARY, PATRICK		1.2 NAME		
STREET ADDRESS	7735 S.R. 512		1.3 STREET ADDRESS		
CITY-ST-ZIP	FELSMERE FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KEMPFER, BILLY		2.2 NAME		
STREET ADDRESS	6254 KEMPFER RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SARTORI, JIM		3.2 NAME		
STREET ADDRESS	3100 N. RIVERSIDE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PLATT, CARLYLE		4.2 NAME		
STREET ADDRESS	2200 SIMON RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, ANDY		5.2 NAME		
STREET ADDRESS	4115 S. FISKE BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/26/99 407/892-1169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #