2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N34274

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

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

02262008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-2968516
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KEMPFER, BILLY
6254 KEMPFER ROAD
ST CLOUD, FL 34773

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEARY, PATRICK
STREET ADDRESS	7735 S.R. 512
CITY-ST-ZIP	FELSMERE, FL
TITLE	PD
NAME	KEMPFER, BILLY
STREET ADDRESS	6254 KEMPFER RD.
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	VD
NAME	SARTORI, JIM
STREET ADDRESS	3100 N. RIVERSIDE DRIVE
CITY-ST-ZIP	INDIALANTIC, FL
TITLE	STD
NAME	PLATT, CARLYLE
STREET ADDRESS	2200 SIMON RD.
CITY-ST-ZIP	MELBOURNE, FL
TITLE	D
NAME	TUCKER, ANDY
STREET ADDRESS	4115 S. FISKE BLVD.
CITY-ST-ZIP	ROCKLEDGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80027-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-19-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #