2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N34274

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

Current Principal Place of Business:

6254 KEMPFER ROAD
ST. CLOUD, FL 34773

New Principal Place of Business:

Current Mailing Address:

6254 KEMPFER ROAD
ST. CLOUD, FL 34773

New Mailing Address:

FEI Number: 59-2968516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEMPFER, BILLY
6254 KEMPFER ROAD
ST CLOUD, FL 34773 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:	D	( ) Delete
Name:	LEARY, PATRICK	
Address:	7735 S.R. 512	
City-St-Zip:	FELSMERE, FL	
Title:	PD	( ) Delete
Name:	KEMPFER, BILLY	
Address:	6254 KEMPFER RD.	
City-St-Zip:	ST. CLOUD, FL	
Title:	VD	( ) Delete
Name:	SARTORI, JIM	
Address:	3100 N. RIVERSIDE DRIVE	
City-St-Zip:	INDIALANTIC, FL	
Title:	STD	( ) Delete
Name:	PLATT, CARLYLE	
Address:	2200 SIMON RD.	
City-St-Zip:	MELBOURNE, FL	
Title:	D	( ) Delete
Name:	TUCKER, ANDY	
Address:	4115 S. FISKE BLVD.	
City-St-Zip:	ROCKLEDGE, FL	

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:	

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: BILLY KEMPFER PD 04/29/2009
Electronic Signature of Signing Officer or Director — Date