

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34274

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**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  
Name: LEARY, PATRICK  
Address: 7735 S.R. 512  
City-St-Zip: FELSMERE, FL

Title: PD  
Name: KEMPFER, BILLY  
Address: 6254 KEMPFER RD.  
City-St-Zip: ST. CLOUD, FL

Title: VD  
Name: SARTORI, JIM  
Address: 3100 N. RIVERSIDE DRIVE  
City-St-Zip: INDIALANTIC, FL

Title: STD  
Name: PLATT, CARLYLE  
Address: 2200 SIMON RD.  
City-St-Zip: MELBOURNE, FL

Title: D  
Name: TUCKER, ANDY  
Address: 4115 S. FISKE BLVD.  
City-St-Zip: ROCKLEDGE, FL

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: BILLY KEMPFER

PD

02/17/2011

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

\_\_\_\_\_  
Date