

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N37643

1. Entity Name
GADSDEN COUNTY TOMATO GROWERS ASSOCIATION, INC.



Principal Place of Business
**2140 W. JEFFERSON ST.
QUINCY, FL 32351 US**

Mailing Address
**2140 W JEFFERSON STREET
QUINCY, FL 32351 US**



DO NOT WRITE IN THIS SPACE

01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2901686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HENRY, GRANT
2140 W. JEFFERSON STREET
QUINCY, FL 32351**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, WILL 218 W GRAVES ST QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBER, HARVEY 215 W JEFFERSON ST QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRANT, HERNY G 2140 W JEFFERSON ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, THOMAS 9540 FLAT CREEK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARINE, PETE 6749 BEN BOSTICK RD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANLANDINGHAM, RICK 2618 BRISTOL HWY QUINCY, FL 32351

000000184905
01/20/05-80049-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/05 (850) 875-7255
Date Daytime Phone #