


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90081 006 ****61.25

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**

400100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State
 City & State

4. FEI Number
59-2901686

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**HENRY, GRANT
 2140 W. JEFFERSON STREET
 QUINCY, FL 32351**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 re-registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **MAXWELL, WILL**
 STREET ADDRESS **218 W GRAVES ST**
 CITY-ST-ZIP **QUINCY, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SUBER, HARVEY**
 STREET ADDRESS **215 W JEFFERSON ST**
 CITY-ST-ZIP **QUINCY, FL**

TITLE **Vice President** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **GRANT, HERNY G**
 STREET ADDRESS **2140 W JEFFERSON ST**
 CITY-ST-ZIP **QUINCY, FL 32351**

TITLE **Grant, Henry G** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, THOMAS**
 STREET ADDRESS **9540 FLAT CREEK RD**
 CITY-ST-ZIP **QUINCY, FL 32351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MARINE, PETE**
 STREET ADDRESS **6749 BEN BOSTICK RD**
 CITY-ST-ZIP **QUINCY, FL 32351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **VANLANDINGHAM, RICK**
 STREET ADDRESS **2618 BRISTOL HWY**
 CITY-ST-ZIP **QUINCY, FL 32351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Henry G. Grant* **Henry G. Grant** **4/20/07** **(850) 878-7255**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #