

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90336 046 \*\*\*\*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



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

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

04242008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2901686**

Applied For  
 Not Applicable

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 \_\_\_\_\_ 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**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MAXWELL, WILL	
STREET ADDRESS	218 W GRAVES ST	
CITY-ST-ZIP	QUINCY, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SUBER, HARVEY	
STREET ADDRESS	215 W JEFFERSON ST	
CITY-ST-ZIP	QUINCY, FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GRANT, HENRY G	
STREET ADDRESS	2140 W JEFFERSON ST	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, THOMAS	
STREET ADDRESS	9540 FLAT CREEK RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARINE, PETE	
STREET ADDRESS	6749 BEN BOSTICK RD	
CITY-ST-ZIP	QUINCY, FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANLANDINGHAM, RICK	
STREET ADDRESS	2618 BRISTOL HWY	
CITY-ST-ZIP	QUINCY, FL 32351	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **4/28/08** **(850) 875-7255**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #