

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90011 041 \*\*\*\*61.25

<b>DOCUMENT # N48535</b> 1. Entity Name <b>JACKSON COUNTY GROWERS ASSOCIATION, INC.</b>					
Principal Place of Business 5787 KLONDIKE RD BASCOM, FL 32423 US			Mailing Address 5787 KLONDIKE RD BASCOM, FL 32423 US		
2. Principal Place of Business - No P.O. Box # <b>7323 OLD SPANISH TRL</b>		3. Mailing Address <b>7323 OLD SPANISH TRL</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04222008 Chg-NP CR2E037 (12/06)	
City & State <b>GRAND RIDGE, FL</b>		City & State <b>GRAND RIDGE, FL</b>		4. FEI Number <b>59-3121229</b>	
Zip <b>32442</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BAKER, FRANK</b> <b>4431 LAFAYETTE STREET</b> <b>MARIANNA, FL 32446</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARRY, JOHNNY JR 5787 KLONDIKE RD BASCOM, FL 32423	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOOLE, FREDERIC E 7323 OLD SPANISH TRL GRAND RIDGE, FL 32442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOOLE, ERIC 1846 SHARON RD GRACEVILLE, FL 32440	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U OWENS, BILL 3729 ULYSS RD MARIANNA, FL 32446	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARRY, LILLIE B 5787 KLONDIKE RD BASCOM, FL 32423	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WELLS, CHAD P.O. BOX 3 MALONE, FL 32445	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MM TOOLE, ERIC 1846 SHARON RD GRACEVILLE, FL 32440	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mm TOOLE, ERIC 2349 PARKSH ST CAMPBELLTON, FL 32426	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD SMITH, PAUL P.O BOX 745 MALONE, FL 32445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD TOOLE, DORIS 1846 SHARON RD GRACEVILLE, FL 32440	<input type="checkbox"/> Delete	TITLE 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.					
<b>SIGNATURE: <u>Fredrick E. Toole</u> FREDRICK E. TOOLE</b>					
				<b>4/22/08</b>	<b>(850) 593-5460</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					