2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2009
Secretary of State

DOCUMENT# N48535

Entity Name: JACKSON COUNTY GROWERS ASSOCIATION, INC.

Current Principal Place of Business:

7323 OLD SPANISH TRAIL
GRAND RIDGE, FL 32442 US

New Principal Place of Business:

Current Mailing Address:

7323 OLD SPANISH TRAIL
GRAND RIDGE, FL 32442 US

New Mailing Address:

FEI Number: 59-3121229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BAKER, FRANK
4431 LAFAYETTE STREET
MARIANNA, FL 32446 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:	P	( ) Delete
Name:	TOOLE, FREDERICK E	
Address:	7323 OLD SPANISH TRL	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:	V	( ) Delete
Name:	OWENS, BILL	
Address:	3729 ULYSS RD	
City-St-Zip:	MARIANNA, FL 32446	
Title:	ST	( ) Delete
Name:	WELLS, CHAD	
Address:	PO BOX 3	
City-St-Zip:	MALONE, FL 32445	
Title:	MM	( ) Delete
Name:	TOOLE, ERIC	
Address:	2349 PARRISH ST.	
City-St-Zip:	CAMPBELLTON, FL 32426	
Title:	BOD	( ) Delete
Name:	SMITH, PAUL	
Address:	P.O BOX 745	
City-St-Zip:	MALONE, FL 32445	
Title:	BOD	( ) Delete
Name:	TOOLE, DORIS	
Address:	1846 SHARON RD	
City-St-Zip:	GRACEVILLE, FL 32440	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	TOOLE, BARBARA	
Address:	7323 OLD SPANISH TRAIL	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FREDRICK E.TOOLE PRES 05/03/2009
Electronic Signature of Signing Officer or Director — Date