2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48535

FILED Jan 06, 2012 Secretary of State

Entity Name: JACKSON COUNTY GROWERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2349PARRISH ST. 4177 CLINTON ST

CAMPBELLTON, FL 32426 US MARIANNA, FL 32446 US

Current Mailing Address: New Mailing Address:

2349 PARRISH ST. P O BOX 47

CAMPBELLTON, FL 32426 US MARIANNA, FL 32447 US

FEI Number: 59-3121229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAKER, FRANK 4431 LAFAYETTE STREET MARIANNA, FL 32446 US

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:

 Name:
 TOOLE, JOE E

 Address:
 2349 PARRISH ST.

 City-St-Zip:
 CAMPBELLTON, FL 32426

Title: VP

Name: LIPFORD, ADRIANNE
Address: 6008 NUBBIN RIDGE RD
City-St-Zip: GREENWOOD, FL 32443

Title: MM

Name: SMITH, DARLENE
Address: P.O. BOX 745
City-St-Zip: MALONE, FL 32445

Title: BOD

 Name:
 SMITH, PAUL

 Address:
 P.O BOX 745

 City-St-Zip:
 MALONE, FL 32445

Title: BOD

 Name:
 TOOLE, DORIS

 Address:
 1846 SHARON RD

 City-St-Zip:
 GRACEVILLE, FL 32440

Title: BOD

 Name:
 BRUNER, VICKY

 Address:
 4400 MIMOSA RD

 City-St-Zip:
 COTTONDALE, FL 32431

I hereby 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 all other like empowered.

SIGNATURE: JOE E TOOLE P 01/06/2012