

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N50530 1. Entity Name THE FLORIDA BLUEBERRY GROWER'S ASSOCIATION, INC.					
Principal Place of Business 2600 SE 193 AVE OCALA FL 32640 US		Mailing Address 2600 SE 193 AVE OCALA FL 32640 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3141319	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DONNA 10631 EAST LUCAS TR. INVERNESS FL 34450				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signatures, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, DONNA 10631 EAST LUCAS TR INVERNESS FL 34450		TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000871791 04/10/08-80011-013 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, JERRY P O BOX 3036 WINTER HAVEN FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BROTHERS, SHERI 285 NW 67TH ST OCALA FL 34475		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYRENE, PAUL P O BOX 110690 GAINESVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUGHN, ALTO 11322 SW 122ND ST GAINESVILLE FL 32608		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, JACK PO BOX 1765 BOWLING GREEN FL 33836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donna Miller* *Donna Miller*

3-26-08