## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N50530

FILED Feb 18, 2009 Secretary of State

Entity Name: THE FLORIDA BLUEBERRY GROWER'S ASSOCIATION, INC.

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

2600 SE 193 AVE 10631 E. LUCAS TRAIL OCALA, FL 32640 US US INVERNESS, FL 34450

**Current Mailing Address: New Mailing Address:** 

PO BOX 12

INVERNESS, FL 34451

FEI Number: 59-3141319 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:

MILLER, DONNA MILLER, DONNA G 10631 ÉAST LUCAS TR. 10631 E. LUCAS TR. US

INVERNESS, FL 34450 INVERNESS, FL 34450 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: DONNA G. MILLER 02/18/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**PRES** () Delete (X) Change ( ) Addition

MILLER, DONNA Name: MILLER, DONNA Name: 10631 EAST LUCAS TR Address: 10631 E. LUCAS TR Address: City-St-Zip: INVERNESS, FL 34450 City-St-Zip: INVERNESS, FL 34450

Title: Title: (X) Change ( ) Addition ( ) Delete MIXON, JERRY Name: BRASWELL, BILL Name:

Address: P O BOX 3036 Address: 762 EDISON ROAD City-St-Zip: WINTER HAVEN, FL City-St-Zip: AUBURNDALE, FL 33823

Title: () Delete Title: SEC (X) Change ( ) Addition

BROTHERS, SHERI BROTHERS, SHERI Name: Name: 285 NW 67TH ST Address: Address: 285 NW 67TH ST City-St-Zip: OCALA, FL 34475 City-St-Zip: OCALA, FL 34475

(X) Change ( ) Addition Title: () Delete Title: TREA Name: LYRENE, PAUL Name: STEFFEY, TERESA

Address: P O BOX 110690 Address: 5780 S. BRISTOL TERRACE City-St-Zip: GAINESVILLE, FL City-St-Zip: INVERNESS, FL 34452

Title: () Delete Title: () Change () Addition

STRAUGHN, ALTO Name: Name: 11322 SW 122ND ST Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

GREEN, JACK GREEN, JACK Name: Name: Address: PO BOX 1765 Address: PO BOX 1765

BOWLING GREEN, FL 33836 BOWLING GREEN, FL 33836 City-St-Zip: 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: DONNA G. MILLER **PRES** 02/18/2009

Electronic Signature of Signing Officer or Director

Date