

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003488

FILED
Jan 28, 2008
Secretary of State

Entity Name: THE D. GLYNN DAVIES-JUICE PRODUCTS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

1156 FIFTEENTH ST., N.W., STE. 900
WASHINGTON, DC 20005 US

New Principal Place of Business:

Current Mailing Address:

1156 FIFTEENTH ST., N.W., STE. 900
WASHINGTON, DC 20005 US

New Mailing Address:

FEI Number: 59-3205090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, ANSLEY JR
201 N FRANKLIN STREET
ONE TAMPA CITY CENTER, SUITE 2000
TAMPA, FL 33602 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: PRES () Delete
Name: ZELLNER, JIM
Address: 1001 13TH AVE E
City-St-Zip: BRADENTON, FL 34208

Title: VP () Delete
Name: BEHR, BOB
Address: PO BOX 1111
City-St-Zip: LAKE WALES, FL 33859

Title: OFF () Delete
Name: EMANUEL, NICK
Address: P. O. BOX 3950
City-St-Zip: LAKE WALES, FL 33859

Title: TRES () Delete
Name: NURY, DIANNE
Address: 11903 S. CHESTNUT AVE
City-St-Zip: FRESNO, CA 93725

Title: DIR () Delete
Name: PAPPAS, DEAN
Address: 10 N. PARSONAGE ROAD
City-St-Zip: SEABROOK, NJ 08302

Title: DIR (X) Delete
Name: RICKE, KRESS
Address: 1820 COUNTY ROAD 833
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KRESS, RICKE
Address: 1820 COUNTY ROAD 833
City-St-Zip: CLEWISTON, FL 33440

Title: DIR (X) Change () Addition
Name: BEHR, BOB
Address: PO BOX 1111
City-St-Zip: LAKE WALES, FL 33859

Title: DIR (X) Change () Addition
Name: EMANUEL, NICK
Address: P. O. BOX 3950
City-St-Zip: LAKE WALES, FL 33859

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: CAROL FREYSINGER

ED

01/28/2008

Electronic Signature of Signing Officer or Director

Date