

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003488

FILED
Jan 11, 2012
Secretary of State

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

Current Principal Place of Business:

750 NATIONAL PRESS BUILDING
529 14TH ST., NW
WASHINGTON, DC 20045 US

New Principal Place of Business:

Current Mailing Address:

750 NATIONAL PRESS BUILDING
529 14TH ST., NW
WASHINGTON, DC 20045 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:

BRINKMAN, MARK
CT CORP. SYSTEM, 1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: KRESS, RICKE
Address: 1820 COUNTY ROAD 833
City-St-Zip: CLEWISTON, FL 33440

Title: DIR
Name: BEHR, BOB
Address: PO BOX 1111
City-St-Zip: LAKE WALES, FL 33859

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

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

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

Title: ED
Name: CAROL, FREYSINGER
Address: 529 14TH STREET, NW, SUITE 750
City-St-Zip: WASHINGTON, DC 20045 US

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: CAROL FREYSINGER

ED

01/11/2012

Electronic Signature of Signing Officer or Director

Date