

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003660

FILED
Jan 05, 2009
Secretary of State

Entity Name: SWEET CORN GROWERS EXCHANGE, INCORPORATED

Current Principal Place of Business:

800 TRAFALGAR COURT, SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 948153
MAITLAND, FL 327948153

New Mailing Address:

FEI Number: 59-3203908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAULERSON, DANNY
800 TRAFALGAR COURT, SUITE 200
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

AERTS, MICHAEL
800 TRAFALGAR COURT, SUITE 200
MAITLAND, FL 32751 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: MICHAEL AERTS

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUNDLEY, JOHN L
Address: 25849 ST RD 880
City-St-Zip: BELLE GLADE, FL 33430

Title: DVP () Delete
Name: COX, GLENN
Address: 11991 RIVERVIEW RD.
City-St-Zip: CAMILLA, GA 31730

Title: STD () Delete
Name: HALL, JOSEPH
Address: 19620 N. COUNTY RD. 349
City-St-Zip: O BRIEN, FL 32071

Title: MGR () Delete
Name: RAULERSON, DANNY
Address: 800 TRAFALGAR CRT STE 000
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: THOMPSON, JOE E
Address: 9180 BRANCHVILLE RD.
City-St-Zip: CAMILLA, GA 31730

Title: D () Delete
Name: BRIDGES, JOHN JR
Address: P.O. BOX 753
City-St-Zip: BRINSON, GA 31725

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: AERTS, MICHAEL
Address: 800 TRAFALGAR CRT STE 000
City-St-Zip: MAITLAND, FL 32751

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: MICHAEL AERTS

MGR

01/05/2009

Electronic Signature of Signing Officer or Director

Date