

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90015 019 \*\*\*\*\*70.00

**DOCUMENT # N95000001597**

1. Entity Name  
W-M VEGETABLE PRODUCERS ASSOCIATION, INC.



Principal Place of Business  
1424 JACKSON AVE. STE A  
CHIPLEY, FL 32428

Mailing Address  
1310 ORANGE HILL RD  
CHIPLEY, FL 32428

04026432



2. Principal Place of Business

3. Mailing Address

1424 Jackson Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

City & State

Chipley, FL

Zip

Country

Zip

Country

32428

04012004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
59-3306993

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDREASEN, A M JR  
1424 JACKSON AVE  
STE A  
CHIPLEY, FL 32428

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

*A. M. Andreasen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-04

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

|                 |                            |  |
|-----------------|----------------------------|--|
| TITLE           | DP                         | <input type="checkbox"/> Delete            |
| NAME            | DYESS, BERNARD             |  |
| STREET ADDRESS  | 7425 US HWY 331 N.         |  |
| CITY - ST - ZIP | DEFUNIAK SPRINGS, FL 32433 |  |
| TITLE           | DP                         | <input type="checkbox"/> Delete            |
| NAME            | ACKERMAN, JIM              |  |
| STREET ADDRESS  | PO BOX 602                 |  |
| CITY - ST - ZIP | CHIPLEY, FL 32428          |  |
| TITLE           | DST                        | <input checked="" type="checkbox"/> Delete |
| NAME            | VINING, MARY E             |  |
| STREET ADDRESS  | 1310 ORANGE HILL RD        |  |
| CITY - ST - ZIP | CHIPLEY, FL 32428          |  |
| TITLE           | D                          | <input checked="" type="checkbox"/> Delete |
| NAME            | JACKSON, WADE E            |  |
| STREET ADDRESS  | 117 ROCK HILL CHURCH ROAD  |  |
| CITY - ST - ZIP | COTTONDALE, FL             |  |
| TITLE           | D                          | <input checked="" type="checkbox"/> Delete |
| NAME            | SMITH, JESSE               |  |
| STREET ADDRESS  | 3676 GAINER ROAD           |  |
| CITY - ST - ZIP | CHIPLEY, FL                |  |
| TITLE           | D                          | <input checked="" type="checkbox"/> Delete |
| NAME            | KOWITZ, MONTY              |  |
| STREET ADDRESS  | 154 CARR RD                |  |
| CITY - ST - ZIP | CHIPLEY, FL 32428          |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |                            |  |
|-----------------|----------------------------|--|
| TITLE           | DVP                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | DYESS, BERNARD             |  |
| STREET ADDRESS  | 15696 US HWY 331           |  |
| CITY - ST - ZIP | DEFUNIAK SPRINGS, FL 32433 |  |
| TITLE           | DP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | ACKERMAN, JIM              |  |
| STREET ADDRESS  | PO BOX 602                 |  |
| CITY - ST - ZIP | CHIPLEY, FL 32428          |  |
| TITLE           | DST                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | CARTER, KIMBERLY R         |  |
| STREET ADDRESS  | 378 Quail Hollow Blvd      |  |
| CITY - ST - ZIP | CHIPLEY, FL 32428          |  |
| TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                            |  |
| STREET ADDRESS  |                            |  |
| CITY - ST - ZIP |                            |  |
| TITLE           |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                            |  |
| STREET ADDRESS  |                            |  |
| CITY - ST - ZIP |                            |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE:

*Jim Ackerman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-04

Date

(850) 638-6180

Daytime Phone #