

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001597

FILED
Apr 04, 2009
Secretary of State

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

Current Principal Place of Business:

1424 JACKSON AVE. STE A
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1424 JACKSON AVE. STE A
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-3306993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREASEN, A M JR
1424 JACKSON AVE
STE A
CHIPLEY, FL 32428 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: DVP () Delete
Name: DYESS, BERNARD
Address: 15696 US HWY 381
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: KOWITZ, MONTY
Address: 1702 FLOWING WELL RD
City-St-Zip: BONIFAY, FL 32425

Title: ST () Delete
Name: BATES, YVONNE
Address: 1702 FLOWING WELL RD
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: DAVIDSON, PAUL
Address: 1700 BANNER RD
City-St-Zip: BONIFAY, FL 32425

Title: D () Delete
Name: DILLARD, BRANDON
Address: 694 CO. RD. 101
City-St-Zip: HARTFORD, AL 36344

Title: D () Delete
Name: KELLEY, RYAN
Address: 532 N. COMMERCE ST
City-St-Zip: SLOCOMB, AL 36375

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ACKERMAN, JIM
Address: P.O. BOX 602
City-St-Zip: CHIPLEY, FL 32428

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

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

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Name:
Address:
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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: JIM ACKERMAN

P

04/04/2009

Electronic Signature of Signing Officer or Director

Date