

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001597

FILED  
Feb 18, 2010  
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: P  
Name: ACKERMAN, JIM  
Address: P.O. BOX 602  
City-St-Zip: CHIPLEY, FL 32428

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

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

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

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

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:** YVONNE BATES

ST

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date