

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90094 039 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**
NAME **TOOLE, RALPH** ☒ Delete
STREET ADDRESS **1657 PINEY GROVE RD #D**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **DV**
NAME **Dyess, Bernard** ☒ Change ☒ Addition
STREET ADDRESS **7425 US Hwy. 331 N.**
CITY-ST-ZIP **DeFuniak Springs, FL 32433**

TITLE **DP**
NAME **ACKERMAN, JIM** ☐ Delete
STREET ADDRESS **P.O. BOX 602 N/A**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **DP**
NAME **Ackerman, Jim** ☒ Change ☐ Addition
STREET ADDRESS **P.O. Box 602**
CITY-ST-ZIP **Chipley, FL 32428**

TITLE **DST**
NAME **VINING, MARY E** ☐ Delete
STREET ADDRESS **1310 ORANGE HILL RD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **D**
NAME **Same** ☐ Change ☐ Addition
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **D**
NAME **JACKSON, WADE E** ☐ Delete
STREET ADDRESS **117 ROCK HILL CHURCH ROAD**
CITY-ST-ZIP **COTTONDALE FL**

TITLE **D**
NAME **Same** ☐ Change ☐ Addition
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **D**
NAME **SMITH, JESSE** ☒ Delete
STREET ADDRESS **3676 GAINER ROAD**
CITY-ST-ZIP **CHIPLEY FL**

TITLE **D**
NAME **Beverly Taylor** ☐ Change ☐ Addition
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **D**
NAME **Monty Kowitz** ☐ Delete
STREET ADDRESS **154 Carr Rd.**
CITY-ST-ZIP **Chipley, FL**

TITLE **D**
NAME **Monty Kowitz** ☐ Change ☒ Addition
STREET ADDRESS **154 Carr Rd.**
CITY-ST-ZIP **Chipley, FL 32428**

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 like empowered.

SIGNATURE: *Signature*

SIGNATURE REQUIRED

2/27/03

(850) 638-8412

CR2E037 (10/02)