

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002058

FILED
Apr 20, 2006
Secretary of State

Entity Name: ROOTS PLUS FIELD GROWERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

24225 CROOM RD
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

17350 SE 65TH ST
MORRISTON, FL 32668 US

New Mailing Address:

FEI Number: 59-3314273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, JAMES G SR
24225 CROOM RD
BROOKSVILLE, FL 34601 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: D () Delete
Name: STEWART, JAMES G SR
Address: 24225 CROOM RD
City-St-Zip: BROOKSVILLE, FL

Title: DP () Delete
Name: MARSHALL, MICHAEL D
Address: 17350 SE 65TH ST
City-St-Zip: MORRISTON, FL 32668

Title: DST () Delete
Name: MARSHALL, LOUISE
Address: 3832 SW 84TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: JIM MARSHALL,
Address: 17350 SE 65TH ST
City-St-Zip: MORRISTON, FL 32668

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUISE MARSHALL

DST

04/20/2006

Electronic Signature of Signing Officer or Director

Date