

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002809 (0)**

1. Corporation Name

HEALTHY ORGANIC PRODUCE & EDUCATION, INC.



Principal Place of Business

Mailing Address

**882 HUNTINGTON ST., NE
PALM BAY FL 32907**

**882 HUNTINGTON ST., NE
PALM BAY FL 32907**

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Edgewood 9 FAIRWAY DR

26 1589 S. WICKHAM ROAD

4. FEI Number

59-3324190

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Melbourne, FL

28 WEST MELBOURNE

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 32901

25 Brevard

29 FL

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBINSON, MARRIE
882 HUNTINGTON ST., NE
PALM BAY FL 32907**

**81 Name
ROBINSON, MARRIE**

**82 Street Address (P.O. Box Number is Not Acceptable)
1589 S. WICKHAM ROAD**

83

**84 City
W. MELBOURNE**

FL

**85 Zip Code
32904**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Marrie Robinson*
Signature, typed or printed name of registered agent and title if applicable.

MARRIE ROBINSON, BOARD OF DIRECTORS **4/8/96**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **MOOR, WYATT**
STREET ADDRESS **882 HUNTINGTON ST., NE**
CITY-ST-ZIP **PALM BAY FL 32907**

1.1 TITLE **P/D** ☒ Change ☐ Addition
1.2 NAME **BOTHWELL, JAMES**
1.3 STREET ADDRESS **1589 S. WICKHAM ROAD**
1.4 CITY-ST-ZIP **W. MELBOURNE, FL 32904**

TITLE **D** ☒ DELETE
NAME **GILTON, DAVID**
STREET ADDRESS **882 HUNTINGTON ST., NE**
CITY-ST-ZIP **PALM BAY FL 32907**

2.1 TITLE **S/D** ☒ Change ☐ Addition
2.2 NAME **Barbara Van Dam**
2.3 STREET ADDRESS **5875 Riverside Dr.**
2.4 CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **D** ☒ DELETE
NAME **NELSON, WAE**
STREET ADDRESS **882 HUNTINGTON ST., NE**
CITY-ST-ZIP **PALM BAY FL 32907**

3.1 TITLE **V/P/D** ☒ Change ☐ Addition
3.2 NAME **HARRIS, FRANK**
3.3 STREET ADDRESS **1589 S. WICKHAM ROAD**
3.4 CITY-ST-ZIP **W. MELBOURNE, FL 32904**

TITLE **D** ☐ DELETE
NAME **GREATHOUSE, JIM**
STREET ADDRESS **882 HUNTINGTON ST., NE**
CITY-ST-ZIP **PALM BAY FL 32907**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **MAXWELL, BRENDA**
STREET ADDRESS **882 HUNTINGTON ST., NE**
CITY-ST-ZIP **PALM BAY FL 32907**

5.1 TITLE **T/D** ☒ Change ☐ Addition
5.2 NAME **MICHIELS, CAROLYN**
5.3 STREET ADDRESS **1589 S. WICKHAM ROAD**
5.4 CITY-ST-ZIP **W. MELBOURNE, FL 32904**

TITLE **D** ☐ DELETE
NAME **ROBINSON, MARRIE**
STREET ADDRESS **882 HUNTINGTON ST., NE**
CITY-ST-ZIP **PALM BAY FL 32907**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn B. Michiels* **CAROLYN B. MICHIELS** **4/1/96 (407) 254-0882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)