

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004937

FILED
Oct 19, 2004
Secretary of State**Entity Name:** NEW NORTH FLORIDA COOPERATIVES ASSOCIATION, INC.**Current Principal Place of Business:**3806 UNION ROAD
MARIANNA, FL 32446**New Principal Place of Business:****Current Mailing Address:**3806 UNION ROAD
MARIANNA, FL 32446**New Mailing Address:****FEI Number:** 59-3388881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**VARNER, ELEASE
3806 UNION ROAD
MARIANNA, FL 32446 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:** PD () Delete
Name: ELEASE, VARNER
Address: 3806 UNION ROAD
City-St-Zip: MARIANNA, FL 32446**Title:** VPD () Delete
Name: HOLMES, PORTIA E
Address: 3800 UNION ROAD
City-St-Zip: MARIANNA, FL 32446**Title:** TD () Delete
Name: SYLVESTER, DANNY
Address: 4324 FOREHAND LANE
City-St-Zip: MARIANNA, FL 32447**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELEASE VARNER

PD

10/19/2004

Electronic Signature of Signing Officer or Director

Date