

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000004937

FILED
Nov 12, 2008
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 ()

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: ELEASE VARNER

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 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: ELEASE VARNER

PD

11/12/2008

Electronic Signature of Signing Officer or Director

Date