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NONPROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF DOCUMENT # N9600000504 (8)

NEW HORIZONS FARMERS COOPERATIVE, INC.

Original Class	e of Business	Mailing Orland			
Principal Plac	e of Business	Mailing Address			
2130 CHARTER TALLAHASSEE		2130 CHARTER OAK DR. TALLAHASSEE FL 32303		3. Date Incorporated or Qualified 01/30/1996	
				4. FEI Number 59-3453015	Applied For Not Applicable
2. Principal P	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
Zip 24	Country 25	Zip 3	Country 0	This corporation owes or has pald the Personal Property Tax due June 30.	Yes A No NA
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	ed Agent
			81 Name		
MITCHELL, MARY MIAISHA 2130 CHARTER OAK DR.			82 Street /	Address (P.O. Box Number is Not Acceptable)	
TALLAH	ASSEE FL 32303		83		
į			84 City		85 Zip Code
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 appliant with, and accept the obligations of Section 617.0503, Florida Statutes.					
i	Muca March	Witteld!	da Statutes.	Ozaren .	13, 1990
SIGNATURE	Signature, typed of printed name of registered ager	nt and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating) DATE	13,1998
SIGNATURE	Signature, typed of printed name of registered ager OFFICERS AND	nt and title if applicable. INOTE: FO	Registered Agent signature	January	3 , 199 P ND DIRECTORS IN 12
SIGNATURE . 12. TITLE	Signature, typed of printed name of registered ager OFFICERS AND	nt and title if applicable. (NOTE: F	Registered Agent signature 13. 1.1 TITLE	required when reinstating) DATE	13,1998
SIGNATURE . 12. TITLE NAME	Signature, typed of printed name of registered ager OFFICERS AND HAYNES, ZAID	nt and title if applicable. INOTE: FO	Registered Agent signature 13. 1.1 TITLE 1.2 NAME	required when reinstating) DATE	3 , 199 P ND DIRECTORS IN 12
SIGNATURE	Signature, typed of crinted name of registered ager OFFICERS AND HAYNES, ZAID P.O. BOX 20635 N/A	nt and title if applicable. INOTE: FO	Registered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	required when reinstating) DATE	3 , 1998 ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed of crinted name of registered ager OFFICERS AND HAYNES, ZAID P.O. BOX 20635 N/A TALLAHASSEE FL 32316	nt and title if applicable. (NOTE: FO DIRECTORS	Aggistered Agent signature 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	required when reinstating) DATE	ND DIRECTORS IN 12 Change
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SIGNATURE . 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed of printed name of registered ager OFFICERS AND D HAYNES, ZAID P.O. BOX 20635 N/A TALLAHASSEE FL 32316 D CLARKE, REGINA	nt and title if applicable. (NOTE: FO DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	required when reinstating) DATE	ND DIRECTORS IN 12 Change
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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:

Was Market With the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), Florida Statutes. I further certify that the information indicated in the information indicated in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of 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:

Was 1998 85D-385-3762

6.3 STREET ADDRESS