

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 MAY 13 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000000504

1. Corporation Name

NEW HORIZONS FARMERS COOPERATIVE, INC.

Principal Place of Business

2130 CHARTER OAK DR. 8416 Lula Lane  
TALLAHASSEE FL 32303 TLA 32308 TALLAHASSEE FL 32303

Mailing Address



2. Principal Place of Business

2a. Mailing Address

21 8416 Lula Lane

26 PO BOX 4049

3. Date Incorporated or Qualified

01/30/1996

4. FEI Number

59-3453015

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

22 City & State  
Tallahassee, FL

27 City & State  
Tallahassee Florida

23 Zip Country  
82308 Leon

28 Zip Country  
32315 Leon

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, MARY MIAISHA  
2130 CHARTER OAK DR.  
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Mary Misha Mitchell

MARY Misha Mitchell

May 13, 1999

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D HAYNES, ZAID  
NAME  
STREET ADDRESS P.O. BOX 20635 N/A  
CITY-ST-ZIP TALLAHASSEE FL 32316

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D CLARKE, REGINA  
NAME  
STREET ADDRESS 1602 ARIZONA  
CITY-ST-ZIP TALLAHASSEE FL 32304

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D HENRY, MARIA  
NAME  
STREET ADDRESS 1307 MICCOSUKEE ROAD  
CITY-ST-ZIP TALLAHASSEE FL 32308

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D MITCHELL, MIAISHA  
NAME  
STREET ADDRESS 2130 CHARTER OAK DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 8416 Lula Lane  
4.4 CITY-ST-ZIP 32308

TITLE D SHABAKA-HAYNES, AMANDLA  
NAME  
STREET ADDRESS 2130 CHARTER OAK DR  
CITY-ST-ZIP TALLAHASSEE FL 32303

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 8416 Lula Lane  
5.4 CITY-ST-ZIP 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mary Misha Mitchell

MARY Misha Mitchell

5/13/99

893-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)