

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Starnham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001491 (7)**

1. Corporation Name

FLORIDA ORIENTAL PERSIMMON MARKETING COOPERATIVE, INC.



Principal Place of Business 2219 N.W. 23RD TERRACE GAINESVILLE FL 32605	Mailing Address 2219 N.W. 23RD TERRACE GAINESVILLE FL 32605
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3. Date Incorporated or Qualified

03/13/1996

4. FEI Number

59-3369672

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ANDREWS, WILLIAM C
2219 N.W. 23RD TERRACE
GAINESVILLE FL 32605**

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

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

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, WILLIAM C	
STREET ADDRESS	2219 N.W. 23RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32605	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CEDORA P. ANDREWS	
1.3 STREET ADDRESS	2219 N.W. 23RD TERRACE	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32605	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUH, JOHN Z	
STREET ADDRESS	1223 SUNSHINE TREE BLVD.	
CITY-ST-ZIP	LONGWOOD FL 32779	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARY POYET	
2.3 STREET ADDRESS	4905 N.W. 95TH BLVD	
2.4 CITY-ST-ZIP	GAINESVILLE, FL 32607	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAPP, WILLIAM	
STREET ADDRESS	305 SE 43RD AVE.	
CITY-ST-ZIP	OCALA FL 34471	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, VERNON A	
STREET ADDRESS	BOX 183	
CITY-ST-ZIP	ORANGE SPRINGS FL 32182	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	POYET, ED	
STREET ADDRESS	4905 NW 95TH BLVD	
CITY-ST-ZIP	GAINESVILLE FL 32607	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address.

SIGNATURE:

William C. Andrews

Feb 6, 1998 352/376-5242

CR2E037 (10/97)