

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25559

FILED
Mar 31, 2005
Secretary of State

Entity Name: MICHIGAN BLUEBERRY GROWERS ASSOCIATION, INCORPORATED

Current Principal Place of Business:

04726 COUNTY ROAD #215
PO BOX 322
GRAND JUNCTION, MI 49056

New Principal Place of Business:

Current Mailing Address:

04726 COUNTY ROAD #215
PO BOX 322
GRAND JUNCTION, MI 49056

New Mailing Address:

FEI Number: 38-1200128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 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: AT () Delete
Name: MERKER, LORRIE
Address: 67426 HOODRIJE
City-St-Zip: PAW PAW, MI 49079

Title: SD () Delete
Name: GOIN, PATRICIA
Address: 3340 S 750 W
City-St-Zip: NORTH JUDSON, IN 46366

Title: D () Delete
Name: NELSON, CARL
Address: 15614 FILMORE RD
City-St-Zip: WEST OLIVE, MI 49460

Title: D () Delete
Name: THOMAS, ARTHUR
Address: 57481 4TH AVE
City-St-Zip: GRAND JUNCTION, MI 49056

Title: TD () Delete
Name: MELVIN, TIMMER
Address: 14566 BALDWIN ST
City-St-Zip: WEST OLIVE, MI 49460

Title: VD () Delete
Name: LEDUC, JOE
Address: 36544 30TH AVE.
City-St-Zip: PAW PAW, MI 49079

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: LORRIE FORD MERKER

AT

03/31/2005

Electronic Signature of Signing Officer or Director

Date