2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# P98000063434

Entity Name: FLORIDA AGRICULTURAL MARKETING ASSOCIATION, INC.

Current Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 147030
GAINESVILLE, FL 326147030

New Mailing Address:

FEI Number: 59-1228820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCKRELL, PATRICK
5700 SW 34TH STREET
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

COCKRELL, WM P
5700 SW 34TH STREET
GAINESVILLE, FL 32608 US

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: WM PATRICK COCKRELL 04/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOBLICK, JOHN L
Address: 5700 S.W. 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD ( ) Delete
Name: ROTH, RICK
Address: P.O. BOX 1300
City-St-Zip: BELLE GLADE, FL 33430

Title: SD ( ) Delete
Name: BYRD, MARK A
Address: 8286 STONE ROAD
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete
Name: DEAS, JON
Address: 5854 NW COUNTY RD. 146
City-St-Zip: JENNINGS, FL 32053

Title: AST ( ) Delete
Name: COCKRELL, PATRICK
Address: 5700 SW 34TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D ( ) Change (X) Addition
Name: BRYAN, MYRON
Address: 22416 OLD PROVIDENCE RD
City-St-Zip: ALACHUA, FL 32615

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WM PATRICK COCKRELL AST 04/20/2009
Electronic Signature of Signing Officer or Director Date