

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # U00015 (1)

1. Corporation Name

RIVER GEM GROWERS COOPERATIVE, INC.



Principal Place of Business

39017 GOLDEN GEM DRIVE
P.O. DRAWER 9
UMATILLA FL 32784-9658

Mailing Address

39017 GOLDEN GEM DRIVE
P.O. DRAWER 9
UMATILLA FL 32784-9658

3. Date Incorporated or Qualified
05/30/1986

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2926919

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONANT, PHILIP D.
39017 GOLDEN GEM DRIVE
UMATILLA FL 32784

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 617.1506, 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 at the time

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
SAT
CONANT, PHILIP D.
2227 CYPRESS COURT
TAVARES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
EVD
KENNEDY, JOHN M.
COUNTY RD. 5-7871
UMATILLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TAS
BURKETT THOMAS L.
29345 SE HIGHWAY 42
UMATILLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
CROOKER, JAMES C.
136 DOWN COURT
WINDERMERE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
BUTTERFIELD, CRAIG
1700 BUENA VISTA
EUSTIS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, J F JR
1420 5TH AVE
MT DORA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

THOMAS L. BURKETT TREASURER/ASST. SECRETARY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/96

(352) 669-2101

Date

Daytime Phone #

CR2E037 (12/95)



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GOLDEN GEM GROWERS, INC.

RIVER GEM GROWERS COOPERATIVE, INC.

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OFFICERS AND DIRECTORS (CONTINUED)

**GORDON, DR. SYDNEY G., DIRECTOR
21 TOWNHILL DR.
EUSTIS, FL 32726**