

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# U00043

FILED
Mar 26, 2004
Secretary of State**Entity Name:** SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.**Current Principal Place of Business:**1950 SE HWY 484
BELLEVIEW, FL 34420**New Principal Place of Business:****Current Mailing Address:**PO BOX 3790
BELLEVIEW, FL 34421 US**New Mailing Address:****FEI Number:** 65-0297412**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COVINGTON, CALVIN
1950 SE HWY 484
BELLEVIEW, FL 34420**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: D () Delete
Name: RUCKS, T.T. SR
Address: 220 SW 21ST STREET
City-St-Zip: OKEECHOBEE, FL 34973 US

Title: D () Delete
Name: WRIGHT, SAM
Address: 2899 WISTERIA FARM RD
City-St-Zip: GREENCOVE SPRINGS, FL 32043 US

Title: VD () Delete
Name: PEACHY, JOHN
Address: RT 1 BOX 333-C
City-St-Zip: MYAKKA CITY, FL 34251 US

Title: D () Delete
Name: JONES, S. L.
Address: 1500 OLD MADISON RD.
City-St-Zip: QUITMAN, GA 31643 US

Title: STD () Delete
Name: JONES, BUCKEY
Address: 6755-A THOMPSON RD
City-St-Zip: SMITHDALE, MS 39664 US

Title: PD () Delete
Name: EADE, DALE
Address: 3945 OLD U.S. ROAD
City-St-Zip: MARIANNA, FL 32446 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: A (X) Change () Addition
Name: BUTLER, ROBERT
Address: 172 SHADY OAKS FARM, INC.
City-St-Zip: LORIDA, FL 33857 US

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:

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: DALE EADE

PD

03/26/2004

Electronic Signature of Signing Officer or Director

Date

CHAD RUCKS, ALTERNATE
2201 SW 28TH STREET
VILLA 61
OKEECHOBEE, FL 34974

WILLIAM HIGGINBOTHAM, ALTERNATE
352 OAK GROVE ROAD
WASHINGTON, GA 30673

EVERETT WILLIAMS, ALTERNATE
1141 BROUGHTON ROAD
MADISON, GA 30650

PAT RANKIN, ALTERNATE
P.O. BOX 535
UNIONTOWN, AL 36786

L.E. LARSON, SR., ALTERNATE
P.O. BOX 1249
OKEECHOBEE, FL 34973-1249

NORMAN CLEMONS, ALTERNATE
P.O. BOX 3514
FORT MYERS, FL 33918-3514

ED HENDERSON, ALTERNATE
16540 68TH PLACE
LIVE OAK, FL 32060

RICHARD TRAWICK, ALTERNATE
136 OLDFIELD DR.
MONTGOMERY, AL 36117

RODNEY LAND, DIRECTOR
952 NE CR 361
MAYO, FL 32066

DARRYL REGISTER, DIRECTOR
P.O. BOX 1115
GLEN MARY, FL 32040

P. JOSEPH WRIGHT, DIRECTOR
P.O. BOX 1057
AVON PARK, FL 33826

MATT LUSSIER, DIRECTOR
P.O. BOX 2168
HAWTHORNE, FL 32640