

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90454 016 ****61.25

DOCUMENT # U00043

1. Entity Name
SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.



Principal Place of Business
1950 SE HWY 484
BELLEVUE, FL 34420

Mailing Address
PO BOX 3790
BELLEVUE, FL 34421 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0297412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COVINGTON, CALVIN
1950 SE HWY 484
BELLEVUE, FL 34420

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME RUCKS, T.T. SR
STREET ADDRESS 220 SW 21ST STREET
CITY-ST-ZIP OKEECHOBEE, FL 34973

TITLE A ☒ Delete
NAME BUTLER, ROBERT
STREET ADDRESS 172 SHADY OAKS FARM, INC.
CITY-ST-ZIP LORIDA, FL 33857

TITLE VD ☐ Delete
NAME PEACHY, JOHN
STREET ADDRESS RT 1 BOX 333-C
CITY-ST-ZIP MYAKKA CITY, FL 34251

TITLE D ☐ Delete
NAME JONES, S. L.
STREET ADDRESS 1500 OLD MADISON RD.
CITY-ST-ZIP QUITMAN, GA 31643

TITLE STD ☐ Delete
NAME JONES, BUCKEY
STREET ADDRESS 6755-A THOMPSON RD
CITY-ST-ZIP SMITHDALE, MS 39664

TITLE PD ☐ Delete
NAME EADE, DALE
STREET ADDRESS 3945 OLD U.S. ROAD
CITY-ST-ZIP MARIANNA, FL 32446

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Land, Rodney
STREET ADDRESS Rt. 2, Box 1515
CITY-ST-ZIP Mayo, FL 32066

TITLE D ☐ Change ☒ Addition
NAME Lussier, Matt
STREET ADDRESS P.O. Box 2168
CITY-ST-ZIP Hawthorne, FL 32640

TITLE D ☐ Change ☒ Addition
NAME Register, Darryl
STREET ADDRESS P.O. Box 1115
CITY-ST-ZIP Glen Mary, FL 32040

TITLE D ☐ Change ☒ Addition
NAME Wright, P. Joseph
STREET ADDRESS 1519 Lake Lotela Dr.
CITY-ST-ZIP Avon Park, FL 33826

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-295-2937