

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90046 014 \*\*\*\*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**

**40007313**



01162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**COVINGTON, CALVIN  
1950 SE HWY 484  
BELLEVUE, FL 34420**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
LAND, RODNEY  
RT. 2, BOX 1515  
MAYO, FL 32066**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**D  
LUSSIER, MATT  
P.O. BOX 2168  
HAWTHORNE, FL 32640**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VD  
PEACHY, JOHN  
RT 1 BOX 333-C  
MYAKKA CITY, FL 34251**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**STD  
JONES, BUCKEY  
6755-A THOMPSON RD  
SMITHDALE, MS 39664**

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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

ATTACHMENT  
40007513  
#400043

**OFFICERS AND DIRECTORS**  
**SOUTHEASTERN DAIRY COOPERATIVE ASSN., INC.**  
(Continued from block #10)  
FEI #65-0297412

Title Name Street Address City-St-Zip	D Wright, P. Joseph P.O. Box 1057 Avon Park, FL 33825
Title Name Street Address City-St-Zip	D Mr. Darryl Register D & D Dairy P.O. Box 1115 Glen Mary, FL 32040
Title Name Street Address City-St-Zip	
Title Name Street Address City-St-Zip	