

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# U00043

FILED
Jun 16, 2009
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COVINGTON, CALVIN
1950 SE HWY 484
BELLEVIEW, FL 34420 US

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: LAND, RODNEY
Address: RT. 2, BOX 1515
City-St-Zip: MAYO, FL 32066 US

Title: D () Delete
Name: LUSSIER, MATT
Address: P.O. BOX 2168
City-St-Zip: HAWTHORNE, FL 32640 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
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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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CALVIN COVINGTON

RA

06/16/2009

Electronic Signature of Signing Officer or Director

Date