

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 791127

Entity Name: FLORIDA STRAWBERRY GROWERS ASSOCIATION**Current Principal Place of Business:**13138 LEWIS GALLAGHER ROAD
DOVER, FL 33527**Current Mailing Address:**P.O. DRAWER 2550
PLANT CITY, FL 33564**FEI Number:** 59-2252497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAULERSON, DAN
13138 LEWIS GALLAGHER RD
DOVER, FL 33527 US*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**Officer/Director Detail :**

Title	VP
Name	RABURN, JAKE
Address	P.O. DRAWER 2550
City-State-Zip:	PLANT CITY FL 33564

Title	PRESIDENT
Name	MCQUAIG, TRES
Address	P.O. DRAWER 2550
City-State-Zip:	PLANT CITY FL 33564

Title	TREASURER
Name	MATHIS, STEVE
Address	P.O. DRAWER 2550
City-State-Zip:	PLANT CITY FL 33564

Title	SECRETARY
Name	CASTILLO, HILDA
Address	P.O. DRAWER 2550
City-State-Zip:	PLANT CITY FL 33564

Title	EXECUTIVE DIRECTOR
Name	PARKER, KENNETH
Address	P.O. DRAWER 2550
City-State-Zip:	PLANT CITY FL 33564

I hereby 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 all other like empowered.

SIGNATURE: KENNETH PARKER**EXECUTIVE DIRECTOR****02/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date