

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003488

Entity Name: JUICE PRODUCTS ASSOCIATION - D. GLYNN DAVIES
SCHOLARSHIP FOUNDATION, INC.**FILED**
Jan 23, 2013
Secretary of State
CC9865487542**Current Principal Place of Business:**750 NATIONAL PRESS BUILDING
529 14TH ST., NW
WASHINGTON, DC 20045**Current Mailing Address:**750 NATIONAL PRESS BUILDING
529 14TH ST., NW
WASHINGTON, DC 20045 US**FEI Number: 59-3205090****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BRINKMAN, MARK
CT CORP. SYSTEM, 1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRES
Name	KRESS, RICKE
Address	1820 COUNTY ROAD 833
City-State-Zip:	CLEWISTON FL 33440

Title	DIR
Name	BEHR, BOB
Address	PO BOX 1111
City-State-Zip:	LAKE WALES FL 33859

Title	DIR
Name	EMANUEL, NICK
Address	P. O. BOX 3950
City-State-Zip:	LAKE WALES FL 33859

Title	TRES
Name	NURY, DIANNE
Address	11903 S. CHESTNUT AVE
City-State-Zip:	FRESNO CA 93725

Title	SECRETARY
Name	STOKES, TOM
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045

Title	ED
Name	CAROL, FREYSINGER
Address	529 14TH STREET, NW, SUITE 750
City-State-Zip:	WASHINGTON DC 20045

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: CAROL FREYSINGER**EXECUTIVE DIRECTOR****01/23/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date