

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003488

Entity Name: JUICE PRODUCTS ASSOCIATION SCHOLARSHIP
FOUNDATION, INC.**FILED**
Jan 14, 2014
Secretary of State
CC9528076016**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 33440Title DIR
Name BEHR, BOB
Address PO BOX 1111
City-State-Zip: LAKE WALES FL 33859Title DIR
Name EMANUEL, NICK
Address P. O. BOX 3950
City-State-Zip: LAKE WALES FL 33859Title TRES
Name NURY, DIANNE
Address 11903 S. CHESTNUT AVE
City-State-Zip: FRESNO CA 93725Title SECRETARY
Name STOKES, TOM
Address 750 NATIONAL PRESS BUILDING
529 14TH ST., NW
City-State-Zip: WASHINGTON DC 20045Title ED
Name FREYSINGER, CAROL
Address 750 NATIONAL PRESS BUILDING
529 14TH ST., NW
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: PATRICIA B. COHEN**ACCOUNTING & FINANCE 01/14/2014**
ADMIN._____
Electronic Signature of Signing Officer/Director Detail_____
Date