2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2015
Secretary of State
CC3150187159

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Entity Name: JUICE PRODUCTS ASSOCIATION SCHOLARSHIP FOUNDATION, INC.

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	Title	DIR
Name	IOBST, ELLEN	Name	HURSON, TOM
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW	Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045	City-State-Zip:	WASHINGTON DC 20045
Title	DIR	Title	TRES
Name	JOHNSON, RICK	Name	LUCIANO, MIKE
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW	Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045	City-State-Zip:	WASHINGTON DC 20045
Title	SECRETARY	Title	ED
Name	GIAMPETRO, DON	Name	FREYSINGER, CAROL
Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW	Address	750 NATIONAL PRESS BUILDING 529 14TH ST., NW
City-State-Zip:	WASHINGTON DC 20045	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 02/03/2015

Electronic Signature of Signing Officer/Director Detail — Date