## **2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14725

Entity Name: ASSOCIATED MILK PRODUCERS, INC.

Entity Name: ASSOCIATED MILK PRODUCERS, IN

**Current Principal Place of Business:** 

315 NORTH BROADWAY NEW ULM, MN 56073-0455

**Current Mailing Address:** 

315 NORTH BROADWAY

NEW ULM, MN 56073-0455 US

FEI Number: 74-1649119 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION 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

FILED Apr 10, 2019

**Secretary of State** 

7882878577CC

Officer/Director Detail:

Title VP Title

 Name
 TEMME, DOUG
 Name
 SCHLANGEN, STEVE

 Address
 57468 859TH ROAD
 Address
 28365 COUNTY ROAD 41

 City-State-Zip:
 WAYNE NE 68787
 City-State-Zip: ALBANY MN 56307

Title S Title T

Name MAAS, BRUCE Name NEVIN, BRAD

Address 16659 200TH STREET Address 1768 14TH STREET

City-State-Zip: WALNUT GROVE MN 56180 City-State-Zip: RICE LAKE WI 54868

Title AS Title ASST. TREASURER

Name DEVELDER, DONN Name RADI, JOHN

Address 315 NORTH BROADWAY Address 315 NORTH BROADWAY

City-State-Zip: NEW ULM MN 56073 City-State-Zip: NEW ULM MN 56073

Title DIRECTOR

Name TOO MANY, TO LIST

Address 315 NORTH BROADWAY
City-State-Zip: NEW ULM MN 56073-0455

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: JOHN RADI ASSISTANT TREASURER 04/10/2019

Electronic Signature of Signing Officer/Director Detail

Date