

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14725

**Entity Name:** ASSOCIATED MILK PRODUCERS, INC.

**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

**Officer/Director Detail :**

Title           DIRECTOR  
Name           TEMME, DOUG  
Address       57468 859TH ROAD  
City-State-Zip: WAYNE NE 68787

Title           TREASURER  
Name           SCHLANGEN, STEVE  
Address       28365 COUNTY ROAD 41  
City-State-Zip: ALBANY MN 56307

Title           SECRETARY  
Name           HOFFMAN, STEVE  
Address       18868 140TH AVENUE  
City-State-Zip: NEW ULM MN 56073

Title           DIRECTOR  
Name           HOSCHEIT, TOM  
Address       11608 COUNTY 5  
City-State-Zip: CALEDONIA MN 55921

Title           CHAIRMAN  
Name           PETERSON, DAVE  
Address       32786 COUNTY HWY X  
City-State-Zip: BOYD WI 54726

Title           ASST. SECRETARY  
Name           MESHKE, SHERYL  
Address       315 NORTH BROADWAY  
City-State-Zip: NEW ULM MN 56073

Title           ASST. TREASURER  
Name           KLINE, BROCK  
Address       315 NORTH BROADWAY  
                  PO BOX 455  
City-State-Zip: NEW ULM MN 56073

Title           DIRECTOR  
Name           MAUS, DARREL  
Address       28886 310TH STREET  
City-State-Zip: FREEPORT MN 56331

**Continues on page 2**

*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: BROCK KLINE**

**ASISTANT TREASURER**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HONADEL, DON  
Address S9334 COUNTY ROAD V  
City-State-Zip: AUGUSTA WI 54722

Title VC  
Name HAWKINS, DENNIS  
Address 8544 HWY X  
City-State-Zip: CHIPPEWA FALLS WI 54729

Title DIRECTOR  
Name KNAPP, KEVIN  
Address 2227 120TH STREET  
City-State-Zip: LARCHWOOD IA 51241

Title DIRECTOR  
Name ROLLER, EUGENE  
Address 25224 610TH AVENUE  
City-State-Zip: HEWITT MN 56453

Title DIRECTOR  
Name DEVRIES, ALEXIA  
Address W15131 STATE HIGHWAY 54  
City-State-Zip: MELROSE WI 54642

Title DIRECTOR  
Name HAMLETT, MARK  
Address 4113 H AVENUE  
City-State-Zip: AUORA IA 50674

Title DIRECTOR  
Name POST, BILL  
Address 386 61ST STREET  
City-State-Zip: CHANDLER MN 56162

Title DIRECTOR  
Name ANDERSON, DAN  
Address N6959 COUNTY ROAD D  
City-State-Zip: HOLMEN WI 54636