


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 709281	
1. Entity Name FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.	

Principal Place of Business 2720 SNEED ROAD FORT PIERCE, FL 34945 US	Mailing Address 2720 SNEED RD FORT PIERCE, FL 34945 US
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1429837	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, CHARLES, JR.
2720 SNEED ROAD
FT. PIERCE, FL 34945

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

U00000880353
04/15/08-80057-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	STONE, CHARLES JR.
STREET ADDRESS	2720 SNEED ROAD
CITY-ST-ZIP	FT PIERCE, FL
TITLE	P
NAME	CALHOUN, RICK
STREET ADDRESS	POB 730
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	D
NAME	TURNQUIST, LEE
STREET ADDRESS	1130 LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	P
NAME	BOSSERMAN, TERRY
STREET ADDRESS	3839 216TH ST
CITY-ST-ZIP	LAKE CITY, FL 32024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Charles Stone*

3/31/08 772 465 0714