

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90170 045 ****61.25

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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

4. FEI Number **59-1429837**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	STONE, CHARLES JR.	
STREET ADDRESS	2720 SNEED ROAD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TURNQUIST, LEE	
STREET ADDRESS	1130 LAKESHORE BLVD	
CITY-ST-ZIP	LAKE WALES FL 33859	
TITLE	D	<input type="checkbox"/> Delete
NAME	STORY, TERRY	
STREET ADDRESS	HWY 64 WEST	
CITY-ST-ZIP	AVON PARK FL 33858	
TITLE	PED	<input type="checkbox"/> Delete
NAME	SUMMERSILL, TOM	
STREET ADDRESS	16355 E GRAND NATIONAL DRIVE	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALONE, BILL	
STREET ADDRESS	12245 NE 56TH AVENUE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President Elect	
STREET ADDRESS	Richard Stone	
CITY-ST-ZIP	1200 Kingswood Lane Fort Pierce, FL 34982	<input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, Jr.* **Charles Stone, Jr. 3/31/03 772 465 0714**

CR2E037 (10/02)