FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90111 023 ****61.25

DOCUMENT # 710087 1. Corporation Name

FLORIDA A. G. C. COUNCIL, INC.

Principal Place of Business 304 N. MERIDIAN ST STE. 1

Mailing Address

P.O. BOX 10569

TALLAHASSE FL 32302-2569

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US	ILLAHASSE I	-L 323U1		US				199014 19901 1990
2.	Principal P	lace of Busines	ss	2a. _N	2a. Mailing Address			Date Incorporated or Qualifed 12/21/1965
21 j	Cuito Ant # oto				Suite, Apt. #, etc.			4. FEI Number Applied For
	Suite, Apt. #, etc.			├ ─¬	 			59-1142866 Not Applicable
22					City & State			\$8.75 Additional
23	City & State			28	City & State			5. Certificate of Status Desired Fee Required
	Zip		Country	Z	ip	Country		6. Election Campaign Financing \$5.00 May Be
24		25	3	29	3	0		Trust Fund Contribution Added to Fees
		9. Name ar	nd Address of Curre	nt Register	red Agent			10. Name and Address of New Registered Agent
	-					81	Name	
		41151						A STATE OF THE STA
	DOUGLAS					82	Street A	Address (P.O. Box Number is Not Acceptable)
	304 N. ME	ridian St				83		
	STE. 1					63		
	TALLAHASSE FL 32301						City	FL 85 Zip Code
44	Disease	to the provision	a of Sections 617 050	02 and 617	1509 Florida Statutes	the abov	a-named	corporation submits this statement for the purpose of changing its registered
	office or r	onistered agen	t or both in the State	of Florida	Such change was aut ection 617.0503, Florid	nonzed by	the corpo	oration's board of directors. I hereby accept the appointment as registered
SI	IGNATURE	Signature, typed or	printed name of registered age	ent and title if a	pplicable. (NOTE: F		nt signature r	equired when reinstating) DATE
12	2.		OFFICERS A	ND DIREC	TORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	LE	ST			☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NA	ME	DOUGLAS,	AI I FN			1.2 NAME		
	REET ADDRESS		IDIAN ST. STE. 1			13 STREE	TADDRESS	
		TALLAHASS	•			1.4 CITY-S		
TIT	Y-ST-ZIP		E FL 323UI		☐ DELETE	2.1 TITLE	1-21-	Change Addition
		PD -						Dale Hedrick
	ME '	VOGEL, DAI				2.2 NAME		vale redrick of Star 17.2
ST	REET ADDRESS	E120 DIVINEI IEED NO.					TADDRESS	1100 Technology PI, Ste. 122 West Palm Beach, FL 33407
cn	ry-st-zip	<u>LAKELAND</u>	FL 33811			2.4 CITY-	ST-ZIP	West Paim Beach, FE 33107
тп	LE	-∨D			☐ DELETE	3.1 TITLE		PD Change Addition
NA	ME .	RASCHE, JI	M			3.2 NAME		Jim Rasche
ST	REET ADDRESS		NOLIA AVE., STE:	1301		3.3 STREE	TADDRESS	2201 Lucien Way, Ste. 201
	ry-st-zip	OCCUPANDO F				3.4. CITY-	ST-ZIP	Maitland FL 32751
_	JE	3.12.41001	_		☐ DELETE	4.1 TITLE		Change Addition
	ME					4.2 NAME		
							T ADDRESS	
	REET ADDRESS	}						
	Y-ST-ZIP	-	<u></u>		☐ DELETE	4.4 CITY-S	II-ZIP	☐ Change ☐ Addition
TIT	Æ				☐ DELETE	5.1 TITLE]
NA	ME]				5.2 NAME		
ST	REET ADDRESS						TADDRESS	
СП	TY-ST-ZIP	}				5.4 CITY- S	T- ZIP	
TIT	TLE			· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NA	ME					6.2 NAME		
	REET ADDRESS					6.3 STREE	TADORESS	
31	INLE I AUURESS					64000	T 7ID	

CITY-ST-ZIP

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: