

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 25, 2005
Secretary of State**

DOCUMENT# 710087

Entity Name: FLORIDA A. G. C. COUNCIL, INC.

Current Principal Place of Business:

P.O. BOX 10569
TALLAHASSEE, FL 32302 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10569
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1142866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOUGLAS, ALLEN
1395 SHOTGUN RD.
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: DOUGLAS, ALLEN
Address: 200 W COLLEGE AVE. STE 205
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: PD () Delete
Name: HEDRICK, DALE
Address: 2200 CENTREPARK WEST DR, SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: DOUGLAS, ALLEN
Address: PO BOX 10569
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: PD (X) Change () Addition
Name: TALLEY, ROBERT S
Address: 1395 NW 21ST STREET
City-St-Zip: MIAMI, FL 33142 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALLEN DOUGLAS

ST

01/25/2005

Electronic Signature of Signing Officer or Director

_____ Date