2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 736338 07-06-2004 90009 034 ****61.25 THE FLORIDA FUTURE FARMERS OF AMERICA FOUNDATION, INCORPORATED Principal Place of Business Mailing Address **5000 FIRETOWER ROAD 5000 FIRETOWER ROAD** 44046767 HAINES CITY, FL 33844 HAINES CITY, FL 33844 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 59-1747341 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTLEY, GARY G 5000 FIRETOWER ROAD Street Address (P.O. Box Number is Not Acceptable) HAINES CITY, FL 33844 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. Lam familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by September 8, 2004 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ■ Addition NAME BRONSON, DONALD NAME RT 1 BOX 150-H STREET ADORESS STREET ADDRESS CITY-ST-ZIP CLERMONT, FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition PARRISH, HERSCHEL JR. NAME STREET ADDRESS 311 VALENCIA SHORES DR STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL CITY-ST-7IP TITLE Delete TITLE Addition NAME BARTLEY, GARY NAME STREET ADDRESS 5000 FIRETOWER ROAD STREET ADDRESS CITY-ST-7IP HAINES CITY, FL 33844 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE , Change ■ Addition NAME NAME هند و الدوري من رود STREET ADDRESS Mark outons STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 06, 2004 8:00 am

attachments # N43439

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