

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755055

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** HILLSBOROUGH COUNTY AGRICULTURAL POLITICAL ACTION COMMITTEE, INC.

**Current Principal Place of Business:**

ACTION COMMITTEE, INC.  
100 S MULRENNAN ROAD  
VALRICO, FL 335943933

**New Principal Place of Business:**

**Current Mailing Address:**

ACTION COMMITTEE, INC.  
100 S MULRENNAN ROAD  
VALRICO, FL 335943933

**New Mailing Address:**

**FEI Number:** 59-2079401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITSON, JUDI  
100 S. MULRENNAN RD.  
VALRICO, FL 33594 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: PD ( ) Delete  
Name: MCCLELLAN, DALE  
Address: 100 S. MULRENNAN RD.  
City-St-Zip: VALRICO, FL 33594

Title: VPD ( ) Delete  
Name: WILLIAMSON, MICHELLE  
Address: 100 S. MULRENNAN RD  
City-St-Zip: VALRICO, FL 33594

Title: TD ( ) Delete  
Name: HINTON, JEMY  
Address: 100 S. MULRENNAN RD.  
City-St-Zip: VALRICO, FL 33594

Title: S ( ) Delete  
Name: COLEMAN, GEORGE  
Address: 100 SOUTH MULRENNAN ROAD  
City-St-Zip: VALRICO, FL 33594

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEORGE COLEMAN

S

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date