

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -7 PM 1:31

DOCUMENT # 755718 (4)

1. Corporation Name

FLORIDA AGRICULTURAL RESOURCES MOBILIZATION FOUNDATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

216 W COLLEGE AVE
STE 202
TALLAHASSEE FL 32301

P.O. BOX 1050
TALLAHASSEE FL 32302-1050

3. Date Incorporated or Qualified
12/31/1980

3a. Date of Last Report
08/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2051328

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, A. EUGENE
216 W COLLEGE AVE
STE 201
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PSTD LEWIS, EUGENE A.**
STREET ADDRESS **2206 MAHON DR.**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE DELETE
NAME **CHAR MIXSON, WAYNE**
STREET ADDRESS **2219 DEMERON ROAD**
CITY - ST - ZIP **TALLAHASSEE FL 32312**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

800002052000-80
-01/09/97--01028--005
*****70.00 *****70.00

TITLE DELETE
NAME **VCH BESHEARS, FRED H.**
STREET ADDRESS **765 E. WASHINGTON ST.**
CITY - ST - ZIP **MONTICELLO FL 32345**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE DELETE
NAME **D/S DAVIS, FORREST, SR.**
STREET ADDRESS **RT. 4 - BOX 163E**
CITY - ST - ZIP **QUINCY FL 32351**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE DELETE
NAME **D DAVIS, JIM**
STREET ADDRESS **401 LEE HALL - FAMU**
CITY - ST - ZIP **TALLAHASSEE FL 32307**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE DELETE
NAME **D LEE, ROBERT C**
STREET ADDRESS **106 E COLLEGE AVE #900**
CITY - ST - ZIP **TALLAHASSEE FL 32301**

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 report as 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene Lewis PSTD

1/6/97 904-425-5000

CR2E037 (9/96)