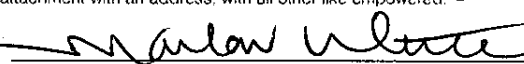


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90044 049 ****61.25

DOCUMENT # 755718 1. Entity Name THE FARM FOUNDATION, INC.					
Principal Place of Business 222 W. GEORGIA STREET TALLAHASSEE, FL 32301				Mailing Address PO BOX 11274 TALLAHASSEE, FL 32302	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2051328	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WHITE, MARLOW V 222 WEST GEORGIA ST TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating.)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEE, ROBERT F		NAME		
STREET ADDRESS	7504 HOSFORD HWY		STREET ADDRESS		
CITY - ST - ZIP	QUINCY, FL 32351		CITY - ST - ZIP		
TITLE	VC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARTIN, MICHAEL V		NAME		
STREET ADDRESS	108 MCCARTY HALL U OF F		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32611		CITY - ST - ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BESHEARS, FRED H		NAME		
STREET ADDRESS	US HWY 19 SOUTH		STREET ADDRESS		
CITY - ST - ZIP	MONTICELLO, FL 32344		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LEWIS, A EUGENE		NAME		
STREET ADDRESS	222 W. GEORGIA ST		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32301		CITY - ST - ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOOP, CARL B		NAME		
STREET ADDRESS	5700 S.W. 34TH STREET		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32611		CITY - ST - ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	YORK, E T		NAME		
STREET ADDRESS	BLDG 106 - MOWREY ROAD		STREET ADDRESS		
CITY - ST - ZIP	GAINESVILLE, FL 32611		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: 			3-18-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		