2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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1. Entity Name
FRIENDS OF AGRICULTURAL EXTENTION FOUNDATION, INC.

Principal Place of Business
3125 AG CENTER DRIVE
SAINT AUGUSTINE, FL 32092

Mailing Address
3125 AG CENTER DRIVE
SAINT AUGUSTINE, FL 32092

01032007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-3736081 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLIPSTINE, EDWIN
3125 AGRICULTURAL CENTER DR
SAINT AUGUSTINE, FL 32092

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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000581477
01710/07-80089-014 61.25

Filing Fee Is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLIPSTINE, EDWIN
STREET ADDRESS	5055 CLYMER ROAD
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	VD
NAME	BROWN, NETTIE RUTH
STREET ADDRESS	141 OVEIDA ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	TD
NAME	SMITH, JEANETTE
STREET ADDRESS	826 A1A BEACH BLVD., #46
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	SD
NAME	COOKSEY, JEANNETTE
STREET ADDRESS	1600 WOODLAND RD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE	D
NAME	ROSS, DIANE
STREET ADDRESS	3975 S. FRANCIS RD.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32085
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Nettie Ruth Brown — Jan. 5, 07 — 904-824-2681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #