2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N00000004756

Entity Name: FRIENDS OF AGRICULTURAL EXTENTION FOUNDATION, INC.

Current Principal Place of Business:

3125 AG CENTER DRIVE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

3125 AG CENTER DRIVE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 59-3736081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLIPSTINE, EDWIN
3125 AGRICULTURAL CENTER DR
SAINT AUGUSTINE, FL 32092 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: KLIPSTINE, EDWIN
Address: 5055 CLYMER ROAD
City-St-Zip: ELKTON, FL 32033

Title: VD ( ) Delete
Name: BROWN, NETTIE RUTH
Address: 141 OVEIDA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: TD ( ) Delete
Name: SMITH, JEANETTE
Address: 826 A1A BEACH BLVD., #46
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: SD ( ) Delete
Name: COOKSEY, JEANNETTE
Address: 1600 WOODLAND RD.
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D ( ) Delete
Name: ROSS, DIANE
Address: 3975 S. FRANCIS RD.
City-St-Zip: ST. AUGUSTINE, FL 32085

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:

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: NETTIE RUTH BROWN VD 03/27/2009

Electronic Signature of Signing Officer or Director — Date