

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737178

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FLORIDA IRRIGATION SOCIETY, INC.

## Current Principal Place of Business:

9340 N. 56TH STREET  
SUITE 105  
TEMPLE TERRACE, FL 33617 US

## New Principal Place of Business:

## Current Mailing Address:

9340 N. 56TH STREET  
SUITE 105  
TEMPLE TERRACE, FL 33617 US

## New Mailing Address:

FEI Number: 59-1781561      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMAROSA, JENNIFER C  
9340 N. 56TH STREET  
SUITE 105  
TEMPLE TERRACE, FL 33617 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: ST. PEARRE, HARRY  
Address: P.O. BOX 639  
City-St-Zip: RIVERVIEW, FL 33568

Title: VD ( ) Delete  
Name: PERKINS, MICHAEL  
Address: P.O. BOX 880667  
City-St-Zip: BOCA RATON, FL 33488

Title: SD ( ) Delete  
Name: HUTCHEON, WILLIAM  
Address: 878 WATERWAY PLACE  
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete  
Name: NIMMO, DALE  
Address: 701 SHADICK DRIVE  
City-St-Zip: ORANGE CITY, FL 32763

Title: D ( ) Delete  
Name: HINELINE, HARLAN  
Address: P.O. BOX 290874  
City-St-Zip: PORT ORANGE, FL 32129

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PERKINS, MICHAEL  
Address: P.O. BOX 880667  
City-St-Zip: BOCA RATON, FL 33488

Title: VD (X) Change ( ) Addition  
Name: HUTCHEON, WILLIAM  
Address: 878 WATERWAY PLACE  
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change ( ) Addition  
Name: EATON, MATTHEW  
Address: P.O. BOX 23936  
City-St-Zip: JACKSONVILLE, FL 32241

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

Title: D (X) Change ( ) Addition  
Name: ST. PEARRE, HARRY  
Address: P.O. BOX 639  
City-St-Zip: RIVERVIEW, FL 33568

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: MICHAEL PERKINS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date