

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710087

**Entity Name:** FLORIDA A. G. C. COUNCIL, INC.

**Current Principal Place of Business:**

119 S. MONROE ST.  
STE 200  
TALLAHASSEE, FL 32301-1591

**Current Mailing Address:**

P.O. BOX 10569  
TALLAHASSEE, FL 32302-2569 US

**FEI Number: 59-1142866**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUSBAND, WARREN  
119 S. MONROE ST.  
SUITE 200  
TALLAHASSEE, FL 32301-1591 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           HUSBAND, WARREN  
Address        119 S. MONROE ST.  
                  STE 200  
City-State-Zip: TALLAHASSEE FL 32301-1591

Title           VP  
Name           SINES, STEPHEN  
Address        C/O THE MORGANTI GROUP, INC.  
                  1662 NORTH U.S. HIGHWAY 1 SUITE  
                  C  
City-State-Zip: JUPITER FL 33469

Title           SECRETARY  
Name           BELL, DOUGLAS  
Address        119 S. MONROE ST.  
                  STE 200  
City-State-Zip: TALLAHASSEE FL 32301-1591

Title           PRESIDENT  
Name           ROSS, BLAIK  
Address        C/O BEAUCHAMP CONSTRUCTION  
                  2100 PONCE DE LEON BLVD. STE.  
                  825  
City-State-Zip: CORAL GABLES FL 33134

*I hereby 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 all other like empowered.*

**SIGNATURE: WARREN HUSBAND**

**TREASURER**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date