

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90111 043 ****61.25

DOCUMENT # 705629

1. Entity Name
**POLK COUNTY FOUNDATION FUTURE FARMERS OF
AMERICA, INC.**



Principal Place of Business
**1909 SOUTH FLORAL AVENUE
P.O. BOX 391
BARTOW, FL 33830**

Mailing Address
**1909 SOUTH FLORAL AVENUE
P.O. BOX 391
BARTOW, FL 33831**

50054358



06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6154977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE SCHOOL BOARD OF POLK COUNTY, FL
1915 SOUTH FLORAL AVENUE
BARTOW, FL 33830**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
BYRD, DAVID
10138 SLAUGHTERHOUSE RD
POLK CITY, FL 33868**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SHLRAK, RICKY
1536 ARLINGTON ROAD
LAKELAND, FL 33805**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RACE, JOE
1221 WEST BUCKEYE DR
WINTER HAVEN, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUPPERT, PAULA
4567 GREEN POND ROAD
POLK CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPEIGHT, BEN
613 3RD STREET NE
FORT MEADE, FL 33841**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David G. Byrd Sec/Treas 6/29/05 863-534-0518