


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90032 017 ****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**

60010067



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-6154977

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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**

7. Name and Address of New Registered Agent

Name
David Byrd

Street Address (P.O. Box Number is Not Acceptable)
C/O The School Board of Polk County

1909 South Floral Avenue

City **Bartow** **FL** Zip Code **33830**

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  **David Byrd** **January 30, 2006**

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 May 1, 2006**

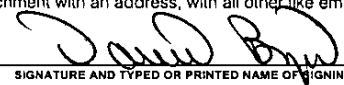
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BYRD, DAVID <input type="checkbox"/> Delete 10138 SLAUGHTERHOUSE RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHLRAK, RICKY <input type="checkbox"/> Delete 1536 ARLINGTON ROAD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RACE, JOE <input type="checkbox"/> Delete 1221 WEST BUCKEYE DR WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUPPERT, PAULA <input checked="" type="checkbox"/> Delete 4567 GREEN POND ROAD POLK CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, BEN <input type="checkbox"/> Delete 613 3RD STREET NE FORT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shirah, Ricky <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Coile, David <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 915 Meadowood Drive Lakeland, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **David Byrd** **1/31/06** **863-534-0518**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #