


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

**FILED
Mar 14, 2008 08:00 AM
Secretary of State**

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	



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6154977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BYRD, DAVID C/O THE SCHOOL BOARD OF POLK COUNTY 1909 S. FLORAL AVE. BARTOW, FL 33830	

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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UDD000859094
04/02/08-80004-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BYRD, DAVID 10138 SLAUGTERHOUSE RD POLK CITY, FL 33868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIRAH, 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	VP COILE, DAVID 915 MEADOWOOD DR. LAKELAND, FL 33809
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	

DO NOT WRITE IN THIS SPACE

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 G Byrd 3/11/08 863-534-2518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #