

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705629

FILED  
Jan 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1909 SOUTH FLORAL AVENUE  
P.O. BOX 391  
BARTOW, FL 33830

**New Principal Place of Business:**

1909 SOUTH FLORAL AVENUE  
BARTOW, FL 33830

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 391  
1909 SOUTH FLORAL AVE.  
BARTOW, FL 33831

**FEI Number:** 59-6154977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYRD, DAVID  
C/O THE SCHOOL BOARD OF POLK COUNTY  
1909 S. FLORAL AVE.  
BARTOW, FL 33830 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: ST ( ) Delete  
Name: BYRD, DAVID  
Address: 10138 SLAUGHTERHOUSE RD  
City-St-Zip: POLK CITY, FL 33868

Title: P ( ) Delete  
Name: SHIRAH, RICKY  
Address: 1536 ARLINGTON ROAD  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: RACE, JOE,  
Address: 1221 WEST BUCKEYE DR  
City-St-Zip: WINTER HAVEN, FL

Title: VP ( ) Delete  
Name: COILE, DAVID  
Address: 915 MEADOWOOD DR.  
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete  
Name: SPEIGHT, BEN  
Address: 613 3RD STREET NE  
City-St-Zip: FORT MEADE, FL 33841

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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: DAVID G. BYRD

TREA

01/20/2009

Electronic Signature of Signing Officer or Director

Date