

DOCUMENT # 706921

1. Entity Name

**FLORIDA INTERNATIONAL AGRICULTURAL TRADE
COUNCIL, INC.****FILED
Mar 14, 2007 08:00 AM
Secretary of State**

Principal Place of Business

Mailing Address

3660 NW 56TH STREET
OCALA FL 34475
US3660 NW 56TH STREET
OCALA FL 34475
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6213580

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANTRELL, BECKIE K
4700 NE 97TH STRET RD
ANTHONY FL 32617

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**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	PD	<input type="checkbox"/> Delete
NAME	BALDWIN, LEROY	
STREET ADDRESS	3660 NW 56TH ST	
CITY-STATE-ZIP	OCALA FL 34475	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BERACQUA, SERGIO	
STREET ADDRESS	1286 NE 63RD ST	
CITY-STATE-ZIP	OCALA FL 34479	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CANTRELL, BECKIE	
STREET ADDRESS	4700 NE 97TH STREET RD	
CITY-STATE-ZIP	ANTHONY FL 32617	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAILEY, HUGH	
STREET ADDRESS	P.O. BOX 1570	
CITY-STATE-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Beckie K. Cantrell Beckie K. Cantrell TD

3/10/07

(352)BSI-0239