


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # 709281	
1. Entity Name FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.	

Principal Place of Business 2720 SNEED ROAD FORT PIERCE, FL 34945 US	Mailing Address 2720 SNEED RD FORT PIERCE, FL 34945 US
---	---

DO NOT WRITE IN THIS SPACE



03312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1429837	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

STONE, CHARLES, JR.
 2720 SNEED ROAD
 FT. PIERCE, FL 34945

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

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

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

U00000880353
 04/15/08-80057-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STONE, CHARLES JR. 2720 SNEED ROAD FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALHOUN, RICK POB 730 BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNQUIST, LEE 1130 LAKESHORE BLVD LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSSERMAN, TERRY 3839 216TH ST LAKE CITY, FL 32024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 *Charles Stone*

3/31/08 772 465 0714