## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#711641** 

FILED Mar 31, 2006 Secretary of State

Entity Name: FLORIDA SOCIETY OF FARM MANAGERS AND RURAL APPRAISERS, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	AVENUE, SU ACH, FL 3296				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	AVENUE, SU ACH, FL 3296				
FEI Number:	65-0035583	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
The above	/E STE C ACH, FL 3296 named entity		purpose of changing its register	ed office or registered agent, or both,	
in the State	of Florida.				
SIGNATUF		nia Signatura of Dogistarad As	.ont	Doto	
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:				Date	
OFFICERS	AND DIREC	ioks:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PP ( MARVEL, DAN 12 FIRST STR GAINESVILLE,	EET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( BLASCHKA, S 2379 BOARD S BROOKSVILLE	STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	V ( MCCURDY, CA 509 S. INDIAN FORT PIERCE	RIVER DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: Address: City-St-Zip:	MCCURDY, CA 509 S. INDIAN FORT PIERCE D ( REYNOLDS, J	ARSON RIVER DR. , FL 34950 ) Delete OHN TH STREET, SUITE 324	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JULIANA YOUNG S 03/31/2006