

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90091 024 \*\*\*\*61.25

**DOCUMENT # 711641**

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



Principal Place of Business  
**1940 10TH AVENUE, SUITE C  
 VERO BEACH, FL 32960 US**

Mailing Address  
**1940 10TH AVENUE, SUITE C  
 VERO BEACH, FL 32960 US**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0035583** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**YOUNG, JULIANA  
 1940 10 AVE STE C  
 VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent  
 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

**Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARVEL, DAN		NAME		
STREET ADDRESS	12 FIRST STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	past president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASCHKA, STEVE		NAME		
STREET ADDRESS	2379 BOARD STREET		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCURDY, CARSON		NAME		
STREET ADDRESS	509 S. INDIAN RIVER DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34950		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JOHN		NAME		
STREET ADDRESS	5700 S.W. 34TH STREET, SUITE 324		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JULIANA		NAME		
STREET ADDRESS	1940 10TH AVENUE, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	myke morris		NAME	myke morris	
STREET ADDRESS			STREET ADDRESS	6515 west oliver Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Plant City, FL 33567	

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:** Juliana Young **3/16/2007**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

772-563-3578