

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715028 (7)
1. Corporation Name
DADE COUNTY AGRI-COUNCIL, INC.



Principal Place of Business: 24700 SW 177TH AVENUE, P.O. BOX 901547, HOMESTEAD FL 33090 US
Mailing Address: P.O. BOX 901547, HOMESTEAD FL 33090

3. Date Incorporated or Qualified: 07/30/1968
3a. Date of Last Report: 09/07/1995
4. FEI Number: 59-2345501
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
HAUGHTON-JAMES, PAT
20040 SW 280TH ST
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P/D OLZACK, REED	<input type="checkbox"/>
NAME	P.O. DRAWER 9 N/A	
STREET ADDRESS	HOMESTEAD FL 33030	
CITY-ST-ZIP		
TITLE	S/D KESSELL, DIANE L	<input type="checkbox"/>
NAME	P.O. DRAWER 1609 N/A	
STREET ADDRESS	HOMESTEAD FL 33090	
CITY-ST-ZIP		
TITLE	T/D HAUGHTON-JAMES, PAT	<input type="checkbox"/>
NAME	20040 SW 280TH STREET	
STREET ADDRESS	HOMESTEAD FL 33031	
CITY-ST-ZIP		
TITLE	VP ID ALEXANDER, IVONNE F	<input type="checkbox"/>
NAME	14201 SW 216TH STREET	
STREET ADDRESS	GOULDS FL 33170	
CITY-ST-ZIP		
TITLE	VP ID SMITH, BILL	<input type="checkbox"/>
NAME	346 SW 5TH STREET	
STREET ADDRESS	HOMESTEAD FL 33034	
CITY-ST-ZIP		
TITLE	D YANES, GAYLE A	<input checked="" type="checkbox"/>
NAME	P.O. DRAWER 1609 N/A	
STREET ADDRESS	HOMESTEAD FL 33090	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pat Haughton-James* 7/24/96 245-2211 x374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)