


FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90162 019 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715028

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
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2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified 07/30/1968
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2345501
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85. Zip Code FL
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, IVONNE F	1.2 NAME	
STREET ADDRESS	12800 SW 200 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSELL, DIANE L	2.2 NAME	
STREET ADDRESS	P.O. DRAWER 1609 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33090	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHTON-JAMES, PAT	3.2 NAME	
STREET ADDRESS	20040 SW 280TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	3.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEKELS	4.2 NAME	VPD
STREET ADDRESS	P.O BOX 900910 N/A	4.3 STREET ADDRESS	GEORGE BUTLER
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	17925 SW 216 STREET HOMESTEAD, FL 33170
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TIM	5.2 NAME	VPD
STREET ADDRESS	28105 SW 157 AVE	5.3 STREET ADDRESS	FRED BIMBLER
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	24700 SW 177 AVENUE HOMESTEAD, FL 33030
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)

Date: 2/1/99 (305) 245-2211
 Daytime Phone #: 6374