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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 715028

1. Corporation Name
DADE COUNTY AGRICULTURE 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



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		07/30/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2345501	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		-\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		-\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAUGHTON-JAMES, PAT 20040 SW 280TH ST HOMESTEAD FL 33030				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Pat Haughton-James* 2/1/99 (305) 245-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)