

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90001 050 ****61.25

DOCUMENT # 715028
1. Entity Name
DADE COUNTY AGRI-COUNCIL, INC.



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



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E037 (5/05)

City & State City & State

4. FEI Number Applied For
59-2345501 Not Applicable

Zip Country Zip Country

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

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

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

FILE NOW: FEE IS \$61.25
Due By September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. SD OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASSUCCI, DIANE 16075 SW 283 ST HOMESTEAD FL T <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAUGHTON, JAMES 20040 SW 280 ST HOMESTEAD FL 33031 VD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARRICINI, PHIL 13960 SW 248 ST HOMESTEAD FL 33032 VP <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MITCHELL, GREG 1786 SW 6ST HOMESTEAD FL 33030 PD <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARRICINI, PHIL 13961 SW 248 ST HOMESTEAD FL 33032 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MASSUCCI, DIANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16075 SW 283 ST HOMESTEAD, FL 33033 SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Haughton-James, PAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20040 SW 280 ST HOMESTEAD, FL 33031 VD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROL DOUGLASS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10901 CORAL WAY MIAMI, FL 33165 VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARRACCINI, PHIL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13961 SW 248 ST HOMESTEAD, FL PD 33032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Pat Haughton-James* 8/4/05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #