

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90013 001 ****61.25

DOCUMENT # 715028

1. Entity 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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2345501

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: 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

TITLE SD ☐ Delete
NAME MASSUCCI, DIANE
STREET ADDRESS 16075 SW 283 ST
CITY- ST- ZIP HOMESTEAD FL 33033

TITLE TD ☒ Delete
NAME HAUGHTON, JAMES
STREET ADDRESS 20040 SW 280 ST
CITY- ST- ZIP HOMESTEAD FL 33031

TITLE VP ☒ Delete
NAME MARRICINI, PHIL
STREET ADDRESS 10901 CORAL WAY
CITY- ST- ZIP MIAMI FL 33165

TITLE PD ☒ Delete
NAME MARRICINI, PHIL
STREET ADDRESS 13961 SW 248 ST
CITY- ST- ZIP HOMESTEAD FL 33032

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD Jonathan Borghi ☒ Change ☐ Addition
NAME 24800 SW 177 Ave
STREET ADDRESS Homestead, FL 33031
CITY- ST- ZIP

TITLE VP Barbara LaPrade ☒ Change ☐ Addition
NAME PO Box 924868
STREET ADDRESS Princeton, FL 33032
CITY- ST- ZIP

TITLE PD Jessica Borek ☒ Change ☐ Addition
NAME 25405 SW 182 Ave
STREET ADDRESS Homestead, FL 33031
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Diane Massucci

1/31/07 305 248 1624