

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715028

FILED  
Apr 07, 2011  
Secretary of State

**Entity Name:** DADE COUNTY AGRI-COUNCIL, INC.

**Current Principal Place of Business:**

1550 N KROME AVE  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 901547  
HOMESTEAD, FL 33090

**New Mailing Address:**

**FEI Number:** 59-2345501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAUGHTON-JAMES, PAT  
20040 SW 280TH ST  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: MASSUCCI, DIANE  
Address: 16075 SW 283 ST  
City-St-Zip: HOMESTEAD, FL 33033

Title: TD  
Name: KESTEL, IDANIA  
Address: 1550 N KROME AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D  
Name: HAUGHTON-JAMES, PAT  
Address: 20040 SW 280TH ST  
City-St-Zip: HOMESTEAD, FL 33030

Title: PD  
Name: MARRACCINI, PHILIP  
Address: 13960 COCONUT PALM DR  
City-St-Zip: HOMESTEAD, FL 33032

Title: VP  
Name: SPURLING, JANE  
Address: 18710 SW 288 ST  
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IDANIA KESTEL

TD

04/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date