2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90296 036 ****70.00

DOCUMENT # 719890

1. Entity Name
AGRICULTURE INSTITUTE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5700 S.W. 34TH STREET GAINESVILLE, FL 32608 US	AGRICULTURE INSTITUTE PO BOX 140157 GAINESVILLE, FL 32814 US

04262004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2429 Legacy Lake Drive	PO Box 940625
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: US	Zip: 32794-0625 Country: US

4. FEI Number 59-1381461 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEMPHILL, ROD 5700 SW 34TH ST GAINESVILLE, FL 32608	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

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PACE, CASEY PO BOX 89 LAKELAND, FL 33802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIDRER, ALLISON 168 LOOKOUT PLACE STE 100 MAITLAND, FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DIDIER, ALLISON 166 Lookout Place STE 166 MAITLAND, FL 32751	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD POUCHER, DON UF 6031 MCCARTY HALL- PO BOX 110135 GAINESVILLE, FL 326110135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOWARD, SUSAN PO BOX 620257 OVIEDO, FL 327620257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMER, RAY P.O. BOX 140155 BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMPHILL, ROD 5700 SW 34TH ST GAINESVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Rod Hemphill Rod Hemphill 4/26/2004 (352)374-1516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #