

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90139 010 ****61.25

DOCUMENT # 719890

1. Entity Name

AGRICULTURE INSTITUTE OF FLORIDA, INC.



Principal Place of Business

2429 LEGACY LAKE DRIVE
MAITLAND FL 32751
US

Mailing Address

PO BOX 940625
MAITLAND FL 32794
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

POUCHER, DON
G-031 MCCARTY HALL
GAINESVILLE FL 32611-0135

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

Donna A. Pouch

3-29-06

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, 2006

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 P ☐ Delete
NAME PACE, CASEY
STREET ADDRESS ~~PO BOX 89~~
CITY-ST-ZIP LAKE LAND FL 33802

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 212 Kenwith Rd.
CITY-ST-ZIP Lakeland, FL 33803

TITLE 1V ☐ Delete
NAME NEDLEY, HEATHER
STREET ADDRESS 1715 HIGHWAY 17 SOUTH
CITY-ST-ZIP BARTOW FL 33830

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

TITLE TD ☐ Delete
NAME POUCHER, DON
STREET ADDRESS UF 6031 MCCARTY HALL- PO BOX 110135
CITY-ST-ZIP GAINESVILLE FL 32611-0135

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

TITLE PP ☐ Delete
NAME HOWARD, SUSAN
STREET ADDRESS PO BOX 620257
CITY-ST-ZIP OVIEDO FL 32762-0257

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

TITLE S ☐ Delete
NAME ~~CROCKER, HEA ALLEN~~
STREET ADDRESS ~~PO BOX 2550~~
CITY-ST-ZIP ~~PLANT CITY FL 33504~~

TITLE ☒ Change ☐ Addition
NAME Betsy McGill
STREET ADDRESS PO Box 217
CITY-ST-ZIP La Belle, FL 33975

TITLE 2V ☐ Delete
NAME HEMPHILL, ROD
STREET ADDRESS PO BOX 147030
CITY-ST-ZIP GAINESVILLE FL 32614

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: *Donna A. Pouch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

352-392-0437