## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #719890**



FILED Jan 29, 2007 8:00 am Secretary of State

AGRICULTURE INSTITUTE OF FLORIDA, INC.					01-29-2007 90084 018 ****61.25				
Principal Place of Business 2429 LEGACY LAKE DRIVE MAITLAND, FL 32751 US		Mailing Address PO BOX 940625 MAITLAND, FL 32794 US		,		puuv	• • •		
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
		Julie, Apt. #, etc.			01162007 <sub>CI</sub>	ng-NP	CR2E037 (12/06	S) 	
City & State		City & State			4. FEI Number 59-138146	31		Applied For Not Applicable	
Zip	Country Zip		Country	THO Application			Additional		
	6. Name and Address of Current	 t Registered Agent	<u> </u>		7. Name and Add	ress of New R		illeu	
	:		Na	ame Rod		11			
POUCHER, DON ·			Str	Street Address (P.O. Box Number is Not Acceptable)					
G-031 MCCARTY HALL GAINESVILLE, FL 32611-0135				5700 5	W 34Th S	treet			
	**************************************								
; 			Cit	City Gainesville FL Zip Code 32608					
The above named entity submits this statement for the purpose of changing its registere						the State of Flo			
	ions of registered agent.	F F	<b>-</b>					, <b>,</b>	
	0_011 1.11					Λ	17 157		
SIGNATURE .	Signature, typed or printed name of registered ager	t and tale it andicable (NOT	E Pagistarad Agan	nt signature required	Lution reinstaling)	yan.	17, 2007		
	Signatore, typed or primed harta or registered agen	Time.	C. Negistered Ager	in signature required	2 Wilett Tellistating /		DATE		
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campa Trust Fund Con			manian Cinon				-1	- 4-	
	<del>-</del>			cing	<b>\$5.00</b> May Be Added to Fees		lake check payabl rida Department of		
10.	<del>-</del>	Trust Fund (			Added to Fees	Flor		State	
10.	Due by May 1, 2007	Trust Fund (	Contribution.		Added to Fees	Flor	rida Department of	State	
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TITLE NAME STREET ADDRESS	OFFICERS AND D P PACE, CASEY 212 KENWITH RD	Trust Fund (	11. TITLE NAME STREET ADI	DRESS PP	Added to Fees	Flor	rida Department of	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PACE, CASEY 212 KENWITH RD LAKELAND, FL 33803	Trust Fund ( IRECTORS	11. TITLE NAME STREET ADI	DIDRESS PP	Added to Fees	Flor	rida Department of	State S IN 10 ge Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZiP

HEMPHILL, ROD

PO BOX 147030

GAINESVILLE, FL 32614

on. 17, 2007 (352) 374-1516