

FILED
Mar 27, 2008 08:00 A
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 719890 1. Entry 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
---	--



02182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1381461	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HEMPHILL, ROD
 5700 SW 34TH STREET
 GAINESVILLE, FL 32608**

DO NOT WRITE
 IN THIS SPACE

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) _____ (Date)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000871590
 04/10/08-80003-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PP
NAME	PACE, CASEY
STREET ADDRESS	212 KENWITH RD
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	P
NAME	NEDLEY, HEATHER
STREET ADDRESS	1715 HIGHWAY 17 SOUTH
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	SV
NAME	WALLIN, SCOTT
STREET ADDRESS	166 LOOKOUT PLACE, SUITE 166
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	S
NAME	NELIS, JENNIFER
STREET ADDRESS	1523 PARK CENTER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	1V
NAME	MCGILL, BETSY
STREET ADDRESS	PO BOX 217
CITY-ST-ZIP	LABELLE, FL 33975
TITLE	TD
NAME	HEMPHILL, ROD
STREET ADDRESS	PO BOX 147030
CITY-ST-ZIP	GAINESVILLE, FL 32614

DO NOT WRITE
 IN THIS SPACE

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.

SIGNATURE: *x Heather B. Nedley* 3/4/08 863-533-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #