

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 038 ****61.25

DOCUMENT # 736338

1. Entity Name
**THE FLORIDA FUTURE FARMERS OF AMERICA
FOUNDATION, INCORPORATED**



Principal Place of Business
**5000 FIRETOWER ROAD
HAINES CITY, FL 33844 US**

Mailing Address
**5000 FIRETOWER ROAD
HAINES CITY, FL 33844 US**

DO NOT WRITE IN THIS SPACE



02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1747341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTLEY, GARY G
5000 FIRETOWER ROAD
HAINES CITY, FL 33844**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOYNER, RICHARD 1005 N LAKE PARKER LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARTLEY, GARY 5000 FIRETOWER ROAD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B VP HAMM, WILLIAM E 1715 N WESTSHORE BLVD STE 220 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DER, DENNIS 3114 N CHITTY ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, WILLIAM C 931 W OAK ST, STE 100 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, JR, HERSCHEL 105 E ROBINSON ST ORLANDO, FL 32801

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 863/439-7332

Date

Daytime Phone #