

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

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**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**



04142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1747341</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> X	<b>\$8.75</b> 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, 2008**

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 WILLIAMS, FRED 890 N PRAIRIE INDUSTRIAL PARKWAY MULBERRY, FL 33860
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BARTLEY, GARY 5000 FIRETOWER ROAD HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 33585
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 JOYNER, RICHARD 115 S MISSOURI AVE LAKELAND, FL 33815

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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.

**SIGNATURE:**

*Gary Bartley* **GARY BARTLEY**

**4/14/08**

Date

**863/439-7332**

Daytime Phone #