

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737178

FILED
Apr 27, 2007
Secretary of State

Entity Name: FLORIDA IRRIGATION SOCIETY, INC.

Current Principal Place of Business:

9340 N. 56TH STREET
SUITE 105
TEMPLE TERRACE, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

9340 N. 56TH STREET
SUITE 105
TEMPLE TERRACE, FL 33617 US

New Mailing Address:

FEI Number: 59-1781561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMAROSA, JENNIFER C
9340 N. 56TH STREET
SUITE 105
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ST. PEARRE, HARRY
Address: P.O. BOX 639
City-St-Zip: RIVERVIEW, FL 33568

Title: VD () Delete
Name: PERKINS, MICHAEL
Address: P.O. BOX 880667
City-St-Zip: BOCA RATON, FL 33488

Title: SD () Delete
Name: HUTCHEON, WILLIAM
Address: 878 WATERWAY PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: NIMMO, DALE
Address: 701 SHADICK DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: HINELINE, HARLAN
Address: P.O. BOX 290874
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERKINS, MICHAEL
Address: P.O. BOX 880667
City-St-Zip: BOCA RATON, FL 33488

Title: VD (X) Change () Addition
Name: HUTCHEON, WILLIAM
Address: 878 WATERWAY PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: SD (X) Change () Addition
Name: EATON, MATTHEW
Address: P.O. BOX 23936
City-St-Zip: JACKSONVILLE, FL 32241

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ST. PEARRE, HARRY
Address: P.O. BOX 639
City-St-Zip: RIVERVIEW, FL 33568

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PERKINS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date