2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737178

Entity Name: FLORIDA IRRIGATION SOCIETY, INC.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

9340 N. 56TH STREET 4412 W. WALLACE AVENUE SUITE 105 TAMPA, FL 33611 US

TEMPLE TERRACE, FL 33617 US

Current Mailing Address: New Mailing Address:

9340 N. 56TH STREET P.O. BOX 13502

SUITE 105 TAMPA, FL 33681 US

TEMPLE TERRACE, FL 33617 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AMAROSA, JENNIFER C
9340 N. 56TH STREET
SUITE 105

AMAROSA, JENNIFER C
4412 W. WALLACE AVENUE
TAMPA, FL FL US

TEMPLE TERRACE, FL 33617 US

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: 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 PERKINS, MICHAEL
 Name:
 SHREVES, MATTHEW

 Address:
 P.O. BOX 880667
 Address:
 22571 MADDEN LANE

 City-St-Zip:
 BOCA RATON, FL 33488
 City-St-Zip:
 SILVERHILL, AL 36756

Title: VD () Delete Title: VD (X) Change () Addition Name: HUTCHEON, WILLIAM Name: EATON, MATTHEW

 Name:
 HUTCHEON, WILLIAM
 Name:
 EATON, MATTHEW

 Address:
 878 WATERWAY PLACE
 Address:
 3200 POWERS AVENUE

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:
 JACKSONVILLE, FL 32241

Title: SD () Delete Title: SD (X) Change () Addition Name: EATON, MATTHEW Name: CAVAIOLI, KEVIN

Address: P.O. BOX 23936 Address: 2801 N. POWERLINE ROAD City-St-Zip: JACKSONVILLE, FL 32241 City-St-Zip: POMPANO BEACH, FL 33069

 Name:
 NIMMO, DALE
 Name:
 NIMMO, DALE

 Address:
 701 SHADICK DRIVE
 Address:
 2400 W. KING STREET

 City-St-Zip:
 ORANGE CITY, FL 32763
 City-St-Zip:
 COCOA, FL 32926

 Name:
 ST. PEARRE, HARRY
 Name:
 PERKINS, MICHAEL

 Address:
 P.O. BOX 639
 Address:
 P.O. BOX 880667

 City-St-Zip:
 RIVERVIEW, FL 33568
 City-St-Zip:
 BOCA RATON, FL 33488

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: MATTHEW SHREVES PD 04/17/2009

Electronic Signature of Signing Officer or Director

Date