


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90091 046 ****61.25

DOCUMENT # 741475	
1. Entity Name FLORIDA AGRICULTURAL COUNCIL, INC.	

Principal Place of Business 302 S MASSACHUSETTS AVENUE LAKE LAND, FL 32801 US	Mailing Address PO BOX 89 LAKE LAND, FL 33802-0089 US
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2. Principal Place of Business - No P.O. Box # 312 N. Buena Vista Dr.	3. Mailing Address PO Box 1407
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Alfred FL	City & State Lake Alfred FL
Zip 33850	Country Polk



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1883884	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent METHENY, KEVIN E 302 S MASACHUSETTS AVE LAKE LAND, FL 33801	
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7. Name and Address of New Registered Agent	
Name Sutton, Brent	
Street Address (P.O. Box Number is Not Acceptable) 312 N. Buena Vista Dr	
City Lake Alfred	Zip Code FL 33850

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 *Brent W. Sutton, Secretary* DATE 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MELLINGER, MADELINE 949 TURNER QUAY JUPITER, FL 33458 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX BOLUSKY, BEN 1533 PARK CENTER DRIVE ORLANDO, FL 328355705 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST METHENY, KEVIN 302 S. MASSACHUSETTS AVE. LAKE LAND, FL 33801 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AERTS, MIKE P O BOX 948153 MAITLAND, FL 32794 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX ROBERSON, ROBBIE P O BOX 1137 APOPKA, FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Sutton, Brent PO Box 1407 Lake Alfred FL 33850 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brent Sutton* DATE: 5/1/07 DAYTIME PHONE: 863-986-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR