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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003430 (3)**

1. Corporation Name

THE NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE, INC.

Principal Place of Business

Mailing Address

1156 15TH STREET, NW, SUITE 1020
WASHINGTON DC 20005-1704

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WASHINGTON DC 20005-1704

3. Date Incorporated or Qualified

07/10/1996

4. FEI Number

52-0845105

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TARBURTON, JOHN F	
STREET ADDRESS	2320 SOUTH DUPONT HIGHWAY	
CITY-ST-ZIP	DOVER DE	

TITLE	PED	<input type="checkbox"/> DELETE
NAME	TINDAL, LESLIE D	
STREET ADDRESS	1200 SENATE STREET, CAPITAL COMM	
CITY-ST-ZIP	COLUMBIA SC	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, KEITH	
STREET ADDRESS	1688 WEST ADAMS	
CITY-ST-ZIP	PHOENIX AZ	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	DOYLE, BECKY	
STREET ADDRESS	801 EAST SANGAMON AVENUE	
CITY-ST-ZIP	SPRINGFIELD IL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRACY, ALAN T	
STREET ADDRESS	2811 AGRICULTURE DRIVE	
CITY-ST-ZIP	MADISON WI	

TITLE	AD	<input type="checkbox"/> DELETE
NAME	ANDREWS, BRUCE	
STREET ADDRESS	635 CAPITOL STREET., N.E.	
CITY-ST-ZIP	SALEM OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. Leslie Tindal	
1.3 STREET ADDRESS	1200 Senate Street, Cap. Com.	
1.4 CITY-ST-ZIP	Columbia, SC 29211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

2.1 TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cary G. Peterson	
2.3 STREET ADDRESS	350 Redwood Road	
2.4 CITY-ST-ZIP	Salt Lake City, UT 84114	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Becky Doyle	
3.3 STREET ADDRESS	809 Sangamon Avenue	
3.4 CITY-ST-ZIP	Springfield, IL 62794	

4.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leon C. Graves	
4.3 STREET ADDRESS	116 State Street	
4.4 CITY-ST-ZIP	Montpelier, VT 05260	

5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	John F. Tarburton	
5.3 STREET ADDRESS	2320 South Dupont Highway	
5.4 CITY-ST-ZIP	Dover, DE 19901	

6.1 TITLE	AD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bruce Andrews	
6.3 STREET ADDRESS	635 Capitol Street, NE	
6.4 CITY-ST-ZIP	Salem, OR 97306	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Richard W. Kirchhoff,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/98

202/296-9680

CR2E037 (10/97)