2005 NOT-FOR-PROFIT CORPORATION

FILED Jul 07, 2005 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # F96000003854 07-07-2005 90001 023 ****61.25 NATIONAL FFA FOUNDATION, INC. Principal Place of Business Mailing Address 6060 FFA DR PO BOX 68960 INDIANAPOLIS, IN 46278-1370 IND!ANAPOLIS, IN 46268-0960 06072005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-6044662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHASEN, BELINDA DO NOT WRITE 325 WEST GAINES STREET TALLAHASSEE, FL 32399-0400 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) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. ПΠЕ S NAME HARRIS, C.C. STREET ADDRESS 1410 KING ST STE 400 CITY-ST-ZIP ALEXANDRIA, VA TITLE NAME CASE, LARRY D STREET ADDRESS 1410 KING ST STE 400 CITY-ST-ZIP ALEXANDRIA, VA 222314 NAME FLETCHER, MARION D STREET ADDRESS #3 STATE CAPITAL MALL DO NOT WRITE CITY-ST-ZIP LITTLE ROCK, AR 722011063 TITLE IN THIS SPACE Attached listing has NAME STREET ADDRESS additional Trustees CITY-ST-ZIP TITLE NAME

12. 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 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: L

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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NATIONAL FFA FOUNDATION, INC. **BOARD OF TRUSTEES AND OFFICERS**

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