

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F96000003854

1. Entity Name
NATIONAL FFA FOUNDATION, INC.



Principal Place of Business
**6060 FFA DR
INDIANAPOLIS, IN 46278-1370**

Mailing Address
**PO BOX 68960
INDIANAPOLIS, IN 46268-0960**



02282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-6044662

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHASEN, BELINDA
325 WEST GAINES STREET
TALLAHASSEE, FL 32399-0400**

**DO NOT WRITE
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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HARRIS, C C 1410 KING ST STE 400 ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASE, LARRY D 1410 KING ST STE 400 ALEXANDRIA, VA 222314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FLETCHER, MARION D #3 STATE CAPITAL MALL LITTLE ROCK, AR 722011063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR DEVRIES, DOUGLAS C ONE JOHN DEERE PL. MOLINE, IL 612658098
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GRUIS, DALE GRIMES ST. OFC. BLDG. DES MOINES, IA 503190146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR JETT, TRAVIS RRL BOX 92 LAVERNE, OK 73848

100000060347
04/03/07 80075-001 70.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-07

Date

Daytime Phone #

763-838-5891