


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008 8:00 am
Secretary of State

05-12-2008 90034 026 ****70.00

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282008 Chg-NP CR2E037 (12/06)

4. FEI Number 54-6044662	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHASEN, BELINDA 325 WEST GAINES STREET TALLAHASSEE, FL 32399-0400		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 <u>N/A</u>	DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, C C 1410 KING ST STE 400 ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, STEVE 205 JEFFERSON STREET, P.O. BOX 480 JEFFERSON CITY, MO 65102-0480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASE, LARRY D 1410 KING ST STE 400 ALEXANDRIA, VA 22314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLETCHER, MARION D #3 STATE CAPITAL MALL LITTLE ROCK, AR 722011063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR DEVRIES, DOUGLAS C ONE JOHN DEERE PL. MOLINE, IL 612658098 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LARSEN, JOEL 1500 WEST, HIGHWAY 36 ROSEVILLE, MN 55113 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GRUIS, DALE GRIMES ST. OFC. BLDG. DES MOINES, IA 503190146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR FISCH, DENNIS 1535 W. JEFFERSON STREET, 2ND FL PHOENIX, AZ 85007-3209 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JETT, TRAVIS RRL BOX 92 LAVERNE, OK 73848 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CALVIN, ROBERT B. 1190 OLD CAP AU GRIS ROAD TROY, MO 63379 <input type="checkbox"/> Change <input checked="" 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 another like empowered.

SIGNATURE: <u>Lois D. Carr</u>	5/12/08 202-245-7379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #