

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003854

FILED
Apr 13, 2009
Secretary of State

Entity Name: NATIONAL FFA FOUNDATION, INC.

Current Principal Place of Business:

6060 FFA DR
INDIANAPOLIS, IN 462781370

New Principal Place of Business:

Current Mailing Address:

PO BOX 68960
INDIANAPOLIS, IN 462680960

New Mailing Address:

FEI Number: 54-6044662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHASEN, BELINDA
325 WEST GAINES STREET
TALLAHASSEE, FL 323990400 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BROWN, STEVE
Address: 205 JEFFERSON STREET
City-St-Zip: JEFFERSON CITY, MO 65102

Title: P () Delete
Name: CASE, LARRY D
Address: 1410 KING ST STE 400
City-St-Zip: ALEXANDRIA, VA 222314

Title: T () Delete
Name: FLETCHER, MARION D
Address: #3 STATE CAPITAL MALL
City-St-Zip: LITTLE ROCK, AR 722011063

Title: TR () Delete
Name: LARSEN, JOEL
Address: 1500 WEST HIGHWAY 36
City-St-Zip: ROSEVILLE, MN 55113

Title: TR () Delete
Name: FISCUS, DENNIS
Address: 1535 W JEFFERSON STREET 2ND FL
City-St-Zip: PHOENIX, AZ 85007

Title: TR () Delete
Name: CALVIN, ROBERT B
Address: 1190 OLD CAR AVE GRIS ROAD
City-St-Zip: TROY, MO 63379

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY D. CASE

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date