

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003854

FILED
Jan 04, 2010
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
Name: BROWN, STEVE
Address: 1410 KING STREET, SUITE 400
City-St-Zip: ALEXANDRIA, VA 22314

Title: P
Name: CASE, LARRY D
Address: 1410 KING ST STE 400
City-St-Zip: ALEXANDRIA, VA 22314

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. LARRY D. CASE

P

01/04/2010

Electronic Signature of Signing Officer or Director

Date