

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90148 006 \*\*\*\*61.25

<b>DOCUMENT # N00000004756</b>					
<b>1. Entity Name</b> FRIENDS OF AGRICULTURAL EXTENTION FOUNDATION, INC.					
<b>Principal Place of Business</b> 3125 AG CENTER DRIVE SAINT AUGUSTINE, FL 32092			<b>Mailing Address</b> 3125 AG CENTER DRIVE SAINT AUGUSTINE, FL 32092		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50012071</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>01102006</span> <span>Chg-NP</span> <span>CR2E037 (11/05)</span> </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> 59-3736081				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KLIPSTINE, EDWIN 3125 AGRICULTURAL CENTER DR SAINT AUGUSTINE, FL 32092			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> KLIPSTINE, EDWIN	<input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> Nettie Ruth Brown	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 5055 CLYMER ROAD			<b>STREET ADDRESS</b> 141 Oveida St.		
<b>CITY-ST-ZIP</b> ELKTON, FL 32033			<b>CITY-ST-ZIP</b> St. Augustine, FL 32084		
<b>TITLE</b> VD	<b>NAME</b> PHILLIPS, FLOYD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 625 CR 13-SOUTH			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32092			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> TD	<b>NAME</b> SMITH, JEANNETTE	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 826 A1A BEACH BLVD., #46			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32084			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> SD	<b>NAME</b> COOKSEY, JEANNETTE	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1600 WOODLAND RD.			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32095			<b>CITY-ST-ZIP</b>		
<b>TITLE</b> D	<b>NAME</b> ROSS, DIANE	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 3975 S. FRANCIS RD.			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> ST. AUGUSTINE, FL 32085			<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>			<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>			<b>CITY-ST-ZIP</b>		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Edwin M Klipstine</u>			Date: <u>4/11/06</u>		Daytime Phone #: <u>209-0430</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					