

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000004756 1. Entity Name FRIENDS OF AGRICULTURAL EXTENTION FOUNDATION, INC.	
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Principal Place of Business 3125 AG CENTER DRIVE SAINT AUGUSTINE, FL 32092	Mailing Address 3125 AG CENTER DRIVE SAINT AUGUSTINE, FL 32092
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01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3736081	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLIPSTINE, EDWIN
3125 AGRICULTURAL CENTER DR
SAINT AUGUSTINE, FL 32092

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	00000059477 01/10/07-80089-014 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLIPSTINE, EDWIN 5055 CLYMER ROAD ELKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, NETTIE RUTH 141 OVEIDA ST SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JEANETTE 826 A1A BEACH BLVD., #46 ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOKSEY, JEANNETTE 1600 WOODLAND RD. ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DIANE 3975 S. FRANCIS RD. ST. AUGUSTINE, FL 32085
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Nettie Ruth Brown Jan. 5, 07 924-834-2681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #