


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000006351 1. Entity Name FLORIDA AGRICULTURAL RESOURCES MOBILIZATION FOUNDATION, INC.	
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Principal Place of Business 222-A WEST GEORGIA ST. TALLAHASSEE, FL	Mailing Address 222-A WEST GEORGIA ST. TALLAHASSEE, FL
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03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3747843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEWIS & WHITE, L.C. 222-A WEST GEORGIA ST. TALLAHASSEE, FL	DO NOT WRITE IN THIS SPACE
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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) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT F 7504 HOSFORD HWY. QUINCY, FL 32351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, JACK P 1315 QUINCY HWY. ATTAPULGUS, GA 31715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, A. EUGENE PO BOX 1050 TALLAHASSEE, FL 32302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, MARLOW V PO BOX 1050 TALLAHASSEE, FL 32302	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

U00000550423
05/13/06-80058-022 61.25

**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: Marlow White **4-27-06** **850.425-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #