

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006691

FILED  
Apr 12, 2010  
Secretary of State

**Entity Name:** AGRICULTURE INSTITUTE OF FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

1715 HWY 17 S  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 940625  
MAITLAND, FL 32794

**New Mailing Address:**

**FEI Number:** 56-2380754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEDLEY, HEATHER  
1715 HWY 17 S  
BARTOW, FL 33830 US

**Name and Address of New Registered Agent:**

NEDLEY, HEATHER B  
1715 HWY 17 S  
BARTOW, FL 33830 US

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: HEATHER B NEDLEY

04/12/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCGILL, BETSY  
Address: P.O. BOX 217  
City-St-Zip: LABELLE, FL 33975

Title: 2VP  
Name: WALLIN, SCOTT  
Address: 166 LOOKOUT PLACE STE 166  
City-St-Zip: MAITLAND, FL 32751

Title: 1VP  
Name: NELIS, JENNIFER  
Address: 1523 PARK CENTER DRIVE  
City-St-Zip: ORLANDO, FL 32835

Title: T  
Name: NEDLEY, HEATHER  
Address: 1715 HWY 17 S  
City-St-Zip: BARTOW, FL 33830

Title: S  
Name: RICHARDSON, KATHY  
Address: PO BOX 147030  
City-St-Zip: GAINESVILLE, FL 32614

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: HEATHER B NEDLEY

TREA

04/12/2010

Electronic Signature of Signing Officer or Director

Date