

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006691

**FILED**  
**Jan 27, 2011**  
**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 B  
1715 HWY 17 S  
BARTOW, FL 33830 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:** PP  
**Name:** MCGILL, BETSY  
**Address:** P.O. BOX 217  
**City-St-Zip:** LABELLE, FL 33975

**Title:** P  
**Name:** LOCHRIDGE, LISA  
**Address:** P.O. BOX 948153  
**City-St-Zip:** MAITLAND, FL 32794

**Title:** S  
**Name:** HARDEE, VICTORIA  
**Address:** 12300 NW US HWY 441  
**City-St-Zip:** ALACHUA, FL 32615

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

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

T

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date