

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 8:00 am
Secretary of State

03-25-2005 90022 009 ****61.25

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N03000010548 1. Entity Name FLORIDA ASSOCIATION OF CROP INSURANCE AGENTS, INC. | | | | | |
| Principal Place of Business 7722 S.R. 544 EAST SUITE 214 WINTER HAVEN FL 33881 | | | Mailing Address 7722 S.R. 544 EAST SUITE 214 WINTER HAVEN FL 33881 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| DAVIS, BRUCE A 7722 S.R. 544 EAST SUITE 214 WINTER HAVEN FL 33881 | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARDEN, ROBERT 60 FOURTH STREET SW WINTER HAVEN FL 33880 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIFE, WILLIE A P.O. BOX 457 LIVE OAK FL 32064 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THIGPEN, MARVIN "RAY" 224 CLIFF STREET DELAND FL 32720 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STALLINGS, ROBERT 5151 S LAKELAND DRIVE, STE. 11 LAKELAND FL 33813 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3/18/05 863-422-1713 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____ | | | | | |



1st MOORE CR2E037 (10/04)

4. FEI Number **90-0131573**
AP-PLIED FOR

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

FL Zip Code