

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000010548

1. Entity Name
FLORIDA ASSOCIATION OF CROP INSURANCE
AGENTS, INC.



Principal Place of Business
7722 S.R. 544 EAST
SUITE 215
WINTER HAVEN, FL 33881

Mailing Address
7722 S.R. 544 EAST
SUITE 215
WINTER HAVEN, FL 33881



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0131573

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, BRUCE A
7722 S.R. 544 EAST
SUITE 215
WINTER HAVEN, FL 33881

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARDEN, ROBERT
STREET ADDRESS	60 FOURTH STREET SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D
NAME	FIFE, WILLIE A
STREET ADDRESS	P.O. BOX 457
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	D
NAME	THIGPEN, MARVIN "RAY"
STREET ADDRESS	224 CLIFF STREET
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	STALLINGS, ROBERT
STREET ADDRESS	5151 S LAKE LAND DRIVE, STE. 11
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000792064
01/23/08-80101-021 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/08

Date

863/422-1713

Daytime Phone #