

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010548

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** FLORIDA ASSOCIATION OF CROP INSURANCE AGENTS, INC.

**Current Principal Place of Business:**

7722 S.R. 544 EAST  
SUITE 214  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 90-0131573      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DAVIS, BRUCE A  
7722 S.R. 544 EAST  
SUITE 215  
WINTER HAVEN, FL 33881 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: D ( ) Delete  
Name: CARDEN, ROBERT  
Address: 60 FOURTH STREET SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete  
Name: FIFE, WILLIE A  
Address: P.O. BOX 457  
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete  
Name: THIGPEN, MARVIN  
Address: 224 CLIFF STREET  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: STALLINGS, ROBERT  
Address: 5151 S LAKE LAND DRIVE, STE. 11  
City-St-Zip: LAKE LAND, FL 33813

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: DAVIS, BRUCE A  
Address: POST OFFICE BOX 622  
City-St-Zip: HAINES CITY, FL 33845

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE A. DAVIS

T

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date