

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010548

FILED
Apr 20, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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
Name: CARDEN, ROBERT
Address: 60 FOURTH STREET SW
City-St-Zip: WINTER HAVEN, FL 33880

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

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

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

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

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: BRUCE A. DAVIS

T

04/20/2011

Electronic Signature of Signing Officer or Director

Date