

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000011407

1. Entity Name
FLORIDA AGRI-WOMEN, INC.



Principal Place of Business
**2185 SW 22 CIRCLE, N
OKEECHOBEE, FL 34974**

Mailing Address
**2185 SW 22 CIRCLE, N
OKEECHOBEE, FL 34974**



08022006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2387526

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MONTES DE OCA, MELISSA S
2185 SW 22 CIRCLE, N
OKEECHOBEE, FL 34974**

**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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000573776

08/07/06-80010-019-61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOINER, MELISSA K
STREET ADDRESS	2185 SW 22 CIRCLE, N
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	V
NAME	BURDETTE, ALANA L
STREET ADDRESS	2185 SW 22 CIRCLE, N
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	S
NAME	HELMS, JENNIFER J
STREET ADDRESS	2185 SW 22 CIRCLE, N
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	T
NAME	MONTES DE OCA, MELISSA S
STREET ADDRESS	2185 SW 22 CIRCLE, N
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Melissa S Montes De Oca Melissa S Montes De Oca

Date

Daytime Phone #

4098