2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# N04128

Entity Name: NATIONAL ALLIANCE OF INDEPENDENT CROP CONSULTANTS INC.

Current Principal Place of Business:

349 E NOLLEY DRIVE
COLLIERVILLE, TN 38017 US

New Principal Place of Business:

Current Mailing Address:

349 E NOLLEY DRIVE
COLLIERVILLE, TN 38017 US

New Mailing Address:

FEI Number: 59-2371503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELLINGER, MADELINE E
949 TURNER QUAY
JUPITER, FL 33458 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: M
Name: JONES, ALLISON H
Address: 349 E NOLLEY DRIVE
City-St-Zip: COLLIERVILLE, TN

Title: P
Name: BONTRAGER, ORVIN
Address: 1717 N STREET
City-St-Zip: AURORA, NE 68818 US

Title: S
Name: DONNA, LANDIS
Address: 342 SOUTH THIRD STREET
City-St-Zip: HAMBURG, PA 19526

Title: D
Name: WINSLOW, STAN
Address: 307 TURNPIKE RD
City-St-Zip: BELVIDERE, NC 27919 US

Title: D
Name: VIATOR, BLAINE
Address: 5644 HIGHWAY 308
City-St-Zip: PLATTENVILLE, LA 70393 US

Title: VP
Name: HATTERMANN, DENNIS PHD
Address: 3185 MADISON HWY
City-St-Zip: VALDOSTA, GA 31601 US

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: ALLISON H. JONES EVP 02/16/2010

Electronic Signature of Signing Officer or Director Date