


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90047 017 ****61.25

DOCUMENT # N04168 1. Entity Name FLORIDA ASSOCIATION OF COUNTY AGRICULTURAL AGENTS, INC.	
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Principal Place of Business 2800 NE 39TH AVENUE GAINESVILLE, FL 32609-2658	Mailing Address 84 CEDAR AVE. CRAWFORDVILLE, FL 32327-2063
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5479 OLD BETHEL RD. Suite, Apt. #, etc.
City & State	City & State CRESTVIEW, FL
Zip Country	Zip Country
	3253605512 USA



01182006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2228957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENNETT, DALE L 84 CEDAR AVE. CRAWFORDVILLE, FL 32327-2063	7. Name and Address of New Registered Agent Name GERALD R. EDMONDSON Street Address (P.O. Box Number is Not Acceptable) 5479 OLD BETHEL RD. City CRESTVIEW FL Zip Code 32536-5512
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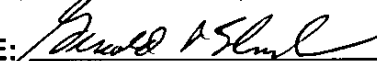
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  Gerald R. Edmondson 1/18/06
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SWEAT, MIKE 1025 W. MCLENNY AVE. MACCLENNY, FL 320639640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SWEAT, MIKE 1025 W. MCLENNY AVE. MACCLENNY, FL 32063-3520 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, HENRY 2140 JEFFERSON STREET QUINCY, FL 32351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYO, DOUG 2741 PENNSYLVANIA AVE., STE. 3 MARIANNA, FL 32448-4027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCAVOY, EUGENE P.O. BOX 68 LABELLE, FL 339750068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCAVOY, EUGENE PO BOX 68 LABELLE, FL 33975-0068 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED FELTER, LIZ 2725 BINION RD. APOPKA, FL 327038504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTER, LIZ 2725 BINION RD. APOPKA, FL 32703-8504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, DALE L 84 CEDAR AVE. CRAWFORDVILLE, FL 323272063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDMONDSON, GERALD R. 5479 OLD BETHEL RD. CRESTVIEW, FL 32536-5512 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENNEMAN, JOHN PO BOX 9005 BARTOW, FL 33831 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRENNEMAN, JOHN PO BOX 9005 BARTOW, FL 33831-9005 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Gerald R. Edmondson 1/18/06 850-689-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #