



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90250 043 ****61.25

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|--|--|---|--|--|---|
| DOCUMENT # N04168 1. Entity Name FLORIDA ASSOCIATION OF COUNTY AGRICULTURAL AGENTS, INC. | | | |  | |
| Principal Place of Business 2800 NE 39TH AVENUE GAINESVILLE, FL 32609-2658 | | | | Mailing Address 5479 OLD BETHEL RD CRESTVIEW, FL 32536 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 01032007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-2228957 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent EDMONDSON, GERALD R 5479 OLD BETHEL RD CRESTVIEW, FL 32536-5512 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | |
| 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 <u>Gerald R. Edmondson</u> 1/3/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PED SWEAT, MIKE 1025 W MCLENNY AVE MACCLENLY, FL 320633520 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SWEAT, MIKE 1025 W MACCLENLY AVE. MACCLENLY, FL 32063-4433 |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD MAYO, DOUG 2741 PENNSYLVANIA AVE, STE 3 MARIANNA, FL 324484027 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PED BRENNEMAN, JOHN P. O. BOX 9005 BARTOW, FL 33831-9005 |
| | | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MCAVOY, EUGENE P.O. BOX 68 LABELLE, FL 339750068 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD MAYO, DOUG 2741 PENNSYLVANIA AVE., STE. 3 MARIANNA, FL 32448-4027 |
| | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FELTER, LIZ 2725 BINION RD APOPKA, FL 327038504 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD OLCZYK, THERESA 18710 SW 288 TH ST. HOMESTEAD, FL 33030-2309 |
| | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD EDMONGSON, GERALD R 5479 OLD BETHEL RD CRESTVIEW, FL 325365512 | <input 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"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD BRENNEMAN, JOHN POB 9005 BARTOW, FL 338319005 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FELTER, LIZ 2725 BINION RD. APOPKA, FL 32703-8504 |
| | | <input type="checkbox"/> Delete | | <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: <u>Gerald R. Edmondson</u> Gerald R. Edmondson (850) 689-5850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |