

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90019 007 ****61.25

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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2228957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

FL

Zip Code

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SWEAT, MIKE	
STREET ADDRESS	1025 W MACCLENNY AVE	
CITY-ST-ZIP	MACCLENNY, FL 320634433	
TITLE	PED	<input type="checkbox"/> Delete
NAME	BRENNEMAN, JOHN	
STREET ADDRESS	P.O. BOX 9005	
CITY-ST-ZIP	BARTOW, FL 338319005	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLCZYK, THERESA	
STREET ADDRESS	18710 SW 288TH ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MAYO, DOUG	
STREET ADDRESS	2741 PENNSYLVANIA AVE., STE. 3	
CITY-ST-ZIP	MARIANNA, FL 324484027	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EDMONDSON, GERALD R	
STREET ADDRESS	5479 OLD BETHEL RD	
CITY-ST-ZIP	CRESTVIEW, FL 325365512	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELTER, LIZ	
STREET ADDRESS	2725 BINION RD.	
CITY-ST-ZIP	APOPKA, FL 327038504	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNEMAN, JOHN	
STREET ADDRESS	P. O. BOX 9005	
CITY-ST-ZIP	BARTOW, FL 33831-9005	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYO, DOUG	
STREET ADDRESS	2741 PENNSYLVANIA AVE., STE. 3	
CITY-ST-ZIP	MARIANNA, FL 32448-4027	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLCZYK, THERESA	
STREET ADDRESS	18710 SW 288TH ST.	
CITY-ST-ZIP	HOMESTEAD, FL 33030-2309	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELSHANS, JENNIFER	
STREET ADDRESS	1921 KISSIMMEE VALLEY LN.	
CITY-ST-ZIP	KISSIMMEE, FL 34744-6107	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEAT, MIKE	
STREET ADDRESS	1025 W MACCLENNY AVE.	
CITY-ST-ZIP	MACCLENNY, FL 32063-4433	

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 **Gerald R. Edmondson**

1/14/08 **1/14/08**

858 688-5850 **858 688-5850**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #