2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# N11000006746

Entity Name: CENTER FOR AGRICULTURAL EDUCATION, INC.

Current Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 147030
GAINESVILLE, FL 326147030

New Mailing Address:

FEI Number: 59-1091243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, KEVIN
5700 SW 34TH STREET
GAINESVILLE, FL 32608 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: PD
Name: HOBLICK, JOHN L
Address: 5695 JOHNSON LAKE ROAD
City-St-Zip: DELEON SPRINGS, FL 32130

Title: VD
Name: SCHIRARD, BRANTLEY JR.
Address: 1860 PULITZER ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: SD
Name: BYRD, MARK A
Address: 8286 STONE ROAD
City-St-Zip: APOPKA, FL 32703

Title: TD
Name: VERMILLION, JEFF
Address: 2951 E HIGHWAY 318
City-St-Zip: CITRA, FL 32113

Title: D
Name: DAVIS, JERRY H
Address: 13621 PERDIDO BLVD. #1502 E
City-St-Zip: PERDIDO KEY, FL 32507

Title: D
Name: PITTMAN, JEFF
Address: 6429 LOVEDALE ROAD
City-St-Zip: BASCOM, FL 324231518

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: JOHN L. HOBLICK PRES 03/30/2012

Electronic Signature of Signing Officer or Director Date