2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N16528

Entity Name: FLORIDA AGRICULTURE IN THE CLASSROOM, INC.

Current Principal Place of Business:

BUILDING 440 MOWRY ROAD
GAINESVILLE, FL 32611 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110015
GAINESVILLE, FL 32611 US

New Mailing Address:

FEI Number: 59-2878381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASKALLA, LISA
BUILDING 440 MOWRY ROAD
GAINESVILLE, FL 32611 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:	S	( ) Delete
Name:	BANKS, VINA JEAN	
Address:	4800 HIGHWAY 301 NORTH	
City-St-Zip:	TAMPA, FL 33610	
Title:	D	( ) Delete
Name:	NEDLEY, HEATHER	
Address:	1715 HIGHWAY 17 SOUTH	
City-St-Zip:	BARTOW, FL 33830	
Title:	TD	( ) Delete
Name:	KYLE, JOAN	
Address:	11011 OLEANDER DR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	C	( ) Delete
Name:	MARTIN, CARA S	
Address:	17544 BATHURST AVE.	
City-St-Zip:	BROOKSVILLE, FL 34610	
Title:	VC	( ) Delete
Name:	CROCKER, ILA A	
Address:	3330 SAM ALLEN OAKS CIRCLE	
City-St-Zip:	PLANT CITY, FL 33563	
Title:	D	( ) Delete
Name:	ARRINGTON, LARRY	
Address:	1038 MCCARTY HALL	
City-St-Zip:	GAINESVILLE, FL 32611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	VC	(X) Change ( ) Addition
Name:	BANKS, VINA JEAN	
Address:	4800 HIGHWAY 301 NORTH	
City-St-Zip:	TAMPA, FL 33610	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	WHITTAKER SILLS, JENNIFER	
Address:	166 LOOKOUT PLACE, SUITE 100	
City-St-Zip:	MAITLAND, FL 32751	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARA MARTIN C 01/20/2009

Electronic Signature of Signing Officer or Director — Date