## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # N23456 AGRÍCULTURAL AND HUMAN VALUES, INC. Principal Place of Business Mailing Address 6802 S.W. 13TH STREET 6802 S.W. 13TH STREET GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 03242004 No Chg-NP CR2E037 (10/03) 4. FEI Number Applied For 59-2854348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TOVKACH, WALTER M. DO NOT WRITE 527 EAST UNIVERSITY AVENUE GAINESVILLE, FL 32601 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 10. TITLE PD NAME HAYNES, RICHARD P. STREET ADDRESS 6802 SW 13TH STREET CITY-ST-ZIP GAINESVILLE, FL TITLE VD NAME ELLIOTT, JENNIE A. STREET ADDRESS **6802 SW 13TH STREET** CffY-ST-7iP GAINESVILLE, FL TITLE NAME BURKHARDT, ROBERT JEFFREY STREET ADDRESS 8708 MILLHOPPER RD DO NOT WRIT CITY-ST-7IP GAINESVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP