2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # N25264 TET FARM OWNERS ASSOC	NATIONI INIC		Secretary of State		
GIL CHES	T FARIN OVINERS ASSOC	AATION, INC.				
Principal Plac	ce of Business	Mailing Address		•	_	
GILCREST TRAINING CENTER 1979 SW 15 WAY BELL FL 32619 US		GILCREST TRAINING (2150 SW 17 TERRACE BELL FL 32619 US				
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt.	. #. etc	Suite, Apt. #, etc.	1	1st MOORE (CR2E037 (10/05)	
City & Stat	te	City & State		4. FEI Number 59-2359585	;; · · ·	olied For Applicat
Zip	Country	Zıp	Country	5. Certificate of Status Desired	\$8.75 Addit	ional
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Re	gistered Agent	
	DODEDT 4 ND		Name		- <u></u> -	
215	CASSE, ROBERT A MR 10 SW 17TH TERR LL FL 32619		Street Address	(P.O. Box Number is Not Acceptable)		
			City		FL Zip Code	
8. The above	e named entity submits this statement	for the purpose of changing its	registered office or registe	red agent, or both, in the State of Flor	rida I am familiar with, a	ind acce
the obliga	itions of registered agent.		· · · · · · · · · · · · · · · · · · ·			
SIGNATURE	Signature, typed or printed name of registered ago	OON) eldesdeger in the me	E. Registerod Agent signature require	d when proctation	DATE	
(a with a state of		
	FILE NOW: FEE IS \$61.25 Due By May 1, 2006	g. Election Car Trust Fund (mpaign Financing	\$5.00 May Be Mak	ke Check Payable t la Department of S	
10.		Trust Fund (mpaign Financing Contribution	\$5.00 May Be Mak	la Department of S	tate
	OFFICERS AND D	Trust Fund (mpaign Financing Contribution	\$5.00 May Be Added to Fees Florid ADDITIONS/CHANGES TO OFFICER	la Department of S RS AND DIRECTORS IN Change	tate
10. TITLE NAME	OFFICERS AND DEPTH AYLOT, MELVIN	Trust Fund (mpaign Financing Contribution 11. TITLE NAME	\$5.00 May Be Added to Fees Florid ADDITIONS/CHANGES TO OFFICER	la Department of S RS AND DIRECTORS IN Change	tate
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction to the corporation or the regerver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address, withpall other like empowered.