

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40518

FILED
Jan 17, 2008
Secretary of State

Entity Name: FLORIDA FERTILIZER AND AGRICHEMICAL ASSOCIATION SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

58 4TH STREET., N.W.
SUITE 200
WINTER HAVEN, FL 338814667

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9326
WINTER HAVEN, FL 338839326

New Mailing Address:

FEI Number: 59-3057501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTNEY, MARY C
58 4TH STREET, NW
STE 200
WINTER HAVEN, FL 33881 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: D () Delete
Name: HERRINGTON, MIKE
Address: 2801 COUNTRY CLUB ROAD N
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: HOPWOOD, SAMUEL
Address: 4108 IMPERIAL EAGLE DR
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: HARTNEY, MARY
Address: 58 4TH STREET N.W. 200
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: VARN, LAT
Address: 5151 SO. LAKELAND DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: LARRY, MCCAULEY
Address: 5843 DEER FLAG DRIVE
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: MARSHALL, FRASIER
Address: 3540 PINE TREE LOOP
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: VARN, LAT
Address: P.O. BOX 807
City-St-Zip: LAKELAND, FL 33802

Title: D (X) Change () Addition
Name: JOHN, GUGLIELMI
Address: 800 TRAFALGAR COURT, STE. 320
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: MARY C. HARTNEY

D

01/17/2008

Electronic Signature of Signing Officer or Director

Date