2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40518

FILED Jan 19, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 58 4TH STREET., N.W. SUITE 200 WINTER HAVEN, FL 338814667 **New Mailing Address: Current Mailing Address:** P.O. BOX 9326 WINTER HAVEN, FL 338839326 FEI Number: 59-3057501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARTNEY, MARY C 58 4TH STREET, NW STE 200 WINTER HAVEN, FL 33881 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition HERRINGTON, MIKE GUGLIELMI, JOHN Name: Name: 2801 COUNTRY CLUB ROAD N Address: 800 TRAFALGAR COURT, STE. 320 Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: MAITLAND, FL 327517135 Title: () Delete Title: () Change () Addition HOPWOOD, SAMUEL Name: Name: Address: 4108 IMPERIAL EAGLE DR Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition HARTNEY, MARY Name: Name: 58 4TH STREET N.W. 200 Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: () Delete Title: Title: () Change () Addition VARN, LAT Name: Name: P.O. BOX 807 Address: Address: City-St-Zip: LAKELAND, FL 33802 City-St-Zip: Title: () Delete Title: (X) Change () Addition JOHN, GUGLIELMI TAYLOR, LAURE Name: Name: 800 TRAFALGAR COURT, STE. 320 P.O. BOX 486 Address: Address: PLANT CITY, FL 33564 City-St-Zip: MAITLAND, FL 32751 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARSHALL, FRASIER TRIMBLE, RHONDA Name: Name: Address: 3540 PINE TREE LOOP Address: 4211 W. BOY SCOUT BLVD, STE. 600 HAINES CITY, FL 33844 TAMPA, FL 33607 City-St-Zip: 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 01/19/2009