FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40703 (3)

1. Corporation Name

AGRICULTURAL AWARENESS COUNCIL OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
324 ROYAL PALM WAY 3RD FL PALM BEACH FL 33480	324 ROYAL PALM WAY 3RD FL PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifying: 11/05/1990
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0230905 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt #, etc (22)	Suite, Apt #, etc (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VIATOR, MARY M. 324 ROYAL PALM WAY PALM BEACH FL 33480	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1 1 TITLE	Director ☒ Change ☐ Addition
NAME	WALSEY, CHARLES C	1 2 NAME	Charles C. Walsey
STREET ADDRESS	123 SEVILLA AVE	1 3 STREET ADDRESS	123 Sevilla Ave
CITY ST ZIP	ROYAL PALM BEACH FL	1 4 CITY ST ZIP	Royal Palm Beach, FL 33411
TITLE	DVC	2 1 TITLE	☐ Change ☐ Addition
NAME	ROTH, RAYMOND E JR	2 2 NAME	
STREET ADDRESS	14785 HORSESHOE TRACE	2 3 STREET ADDRESS	
CITY ST ZIP	WELLIGNTON FL	2 4 CITY ST ZIP	
TITLE	DS	3 1 TITLE	☐ Change ☐ Addition
NAME	VIATOR, MARY M	3 2 NAME	
STREET ADDRESS	324 ROYAL PALM WAY	3 3 STREET ADDRESS	
CITY ST ZIP	PALM BEACH FL	3 4 CITY ST ZIP	
TITLE	DT	4 1 TITLE	☐ Change ☒ Addition
NAME	MELLINGER, MADELINE	4 2 NAME	
STREET ADDRESS	949 TURNER QUAY	4 3 STREET ADDRESS	
CITY ST ZIP	JUPITER FL	4 4 CITY ST ZIP	33458
TITLE	D	5 1 TITLE	Chairman ☐ Change ☒ Addition
NAME	HARIWIG, MICHELLE	5 2 NAME	David Click
STREET ADDRESS	16354 E ALAN BLACK BLVD	5 3 STREET ADDRESS	1001 N. US Hwy 1, Suite 503
CITY ST ZIP	LOXAHATCHEE FL	5 4 CITY ST ZIP	Jupiter, FL 33477
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Madeline Mellinger, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MADELINE MELLINGER, TREASURER

Date: 4/18/95 Daytime Phone: (407) 655-0620

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