

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000528

FILED  
Jan 04, 2005  
Secretary of State

**Entity Name:** THE FLORIDA FUTURE FARMERS OF AMERICA, INC.

**Current Principal Place of Business:**

P.O. BOX 141570  
GAINESVILLE, FL 32614 US

**New Principal Place of Business:**

**Current Mailing Address:**

5700 SW 34TH STREET  
SUITE 106  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 59-0972078      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EGAN, GREG  
5700 SW 34TH STREET  
SUITE 106  
GAINESVILLE, FL 32608 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: PD ( ) Delete  
Name: TRENFIELD, GEORGE  
Address: 320 NORTH TROWELL AVE  
City-St-Zip: UMATILLA, FL 32784

Title: VPD ( ) Delete  
Name: DRYDEN, BRIAN  
Address: 2800 HWY 441 NORTH  
City-St-Zip: OKEECHOBEE, FL 34972

Title: T ( ) Delete  
Name: DILLARD, ED  
Address: 12204 HWY 52  
City-St-Zip: DADE CITY, FL 33525

Title: ES ( ) Delete  
Name: EGAN, GREG  
Address: 5700 SW 34TH STREET SUITE 106  
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete  
Name: WILDER, CHRIS  
Address: 427 WEST NOBLE AVENUE  
City-St-Zip: WILLISTON, FL 32696

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: FRANKLIN, CINDY  
Address: 2680 LEVY STREET  
City-St-Zip: COTTONDALE, FL 32431

Title: PD (X) Change ( ) Addition  
Name: DRYDEN, BRIAN  
Address: 2800 HWY 441 NORTH  
City-St-Zip: OKEECHOBEE, FL 34972

Title: ( ) Change ( ) Addition  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

Title: ( ) Change ( ) Addition  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City-St-Zip: \_\_\_\_\_

Title: SD (X) Change ( ) Addition  
Name: JOHNSON, ERIN  
Address: 926 HOWLAND BLVD  
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GREGORY EGAN

ES

01/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date