

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000528

FILED
Apr 30, 2007
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:

5700 SW 34TH STREET
SUITE 106
GAINESVILLE, FL 32608 US

Current Mailing Address:

5700 SW 34TH STREET
SUITE 106
GAINESVILLE, FL 32608

New Mailing Address:

PO BOX 141570
GAINESVILLE, FL 32614

FEI Number: 59-0972078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, RONNIE
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: FRANKLIN, CINDY
Address: 2680 LEVY STREET
City-St-Zip: COTTONDALE, FL 32431

Title: S () Delete
Name: FUSSELL, MARIE
Address: 1270 S BROADWAY
City-St-Zip: BARTOW, FL 33830

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

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

Title: VPD () Delete
Name: JOHNSON, ERIN
Address: 926 HOWLAND BLVD
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: VPD (X) Change () Addition
Name: DRYDEN, BRIAN
Address: 610 SW SECOND AVE
City-St-Zip: OKEECHOBEE, FL 34974

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: RONNIE SIMMONS

ES

04/30/2007

Electronic Signature of Signing Officer or Director

Date