2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N93000000528

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 141570
GAINESVILLE, FL 32614

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:

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: DRYDEN, BRIAN
Address: 610 SW SECOND AVE
City-St-Zip: OKEECHOBEE, FL 34974

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: EDWARDS, TIM
Address: 706 N MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: EDWARDS, TIM
Address: 706 NORTH MAIN STREET
City-St-Zip: BUSHNELL, FL 33513

Title: S (X) Change ( ) Addition
Name: BARBER, KIM
Address: 5361 9TH STREET
City-St-Zip: MALONE, FL 32445

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 04/05/2009

Electronic Signature of Signing Officer or Director — Date