

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005244

FILED
Feb 23, 2007
Secretary of State

Entity Name: FLORIDA AGRICULTURAL HALL OF FAME FOUNDATION, INC.

Current Principal Place of Business:

4508 OAK FAIR BLVD
STE 290
TAMPA, FL 33610 US

New Principal Place of Business:

Current Mailing Address:

4508 OAK FAIR BLVD
STE 290
TAMPA, FL 33610 US

New Mailing Address:

FEI Number: 59-3280221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES R.
4508 OAK FAIR BLVD
STE 290
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

SMITH, CHARLES R.
4508 OAK FAIR BLVD
STE 290
TAMPA, FL 33610 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: CHARLES R. SMITH

02/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SMITH, CHARLES R
Address: 10394 WALLIEN DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: P () Delete
Name: BROWN, REGGIE
Address: 800 TRAFALGAR COURT, SUITE 300
City-St-Zip: ORLANDO, FL 328140635

Title: S () Delete
Name: HUGHES, TOM
Address: 345 BAYSHORE BLVD. #1013
City-St-Zip: TAMPA, FL 33606

Title: VP () Delete
Name: HARRIS, WAYNE
Address: 2804 24TH STREET
City-St-Zip: RUSKIN, FL 33570

Title: D () Delete
Name: KELLY, RICHARD
Address: 4449 MAYLOR ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: MORRIS, MIKE
Address: PO BOX 789
City-St-Zip: DURANT, FL 33530

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES R. SMITH

T

02/23/2007

Electronic Signature of Signing Officer or Director

Date