2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005244

Title:

Name:

Address:

City-St-Zip:

FILED Apr 23, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 4508 OAK FAIR BLVD 302 S MASSACHUSETTS AVE STE 290 STE 102 TAMPA, FL 33610 LAKELAND, FL 33801 **Current Mailing Address:** New Mailing Address: 4508 OAK FAIR BLVD P O BOX 89 STE 290 LAKELAND, FL 33802 US TAMPA, FL 33610 US FEI Number: 59-3280221 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SMITH, CHARLES R METHENY, KEVIN 4508 OAK FAIR BLVD 302 S MASSACHUSETTS AVE STE 290 STE 102 TAMPA, FL 33610 US LAKELAND, FL 33802 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: KEVIN E METHENY 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SMITH, CHARLES R METHENY, KEVIN E Name: Name: 10394 WALLIEN DRIVE Address: 390 E STUART STREET Address: City-St-Zip: BROOKSVILLE, FL 34601 City-St-Zip: BARTOW, FL 33830 Title: () Delete Title: () Change () Addition BROWN, REGGIE Name: Name: Address: 800 TRAFALGAR COURT, SUITE 300 Address: City-St-Zip: ORLANDO, FL 328140635 City-St-Zip: Title: () Delete Title: () Change () Addition MORRIS, MIKE Name: Name: Address: PO BOX 789 Address: City-St-Zip: DURANT, FL 33530 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARRIS, WAYNE Name: 2804 24TH STREET Address: Address: City-St-Zip: RUSKIN, FL 33570 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN E METHENY TREA 04/23/2009

(X) Delete

KELLY, RICHARD

4449 MAYLOR ROAD

TALLAHASSEE, FL 32308

() Change () Addition