

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90051 004 ****61.25

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1. Corporation Name

GILCHRIST COUNTY FFA ALUMNI ASSOCIATION, INC.

Principal Place of Business

**109 E WADE ST
TRENTON FL 32693**

Mailing Address

**P.O. BOX 1000
TRENTON FL 32693**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

02/06/1995

4. FEI Number

59-3291134

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**LANCASTER, SHEREE H
109 E WADE ST
TRENTON FL 32693**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D BROWN, HERBERT E JR.**
STREET ADDRESS **P.O. BOX 307 N/A**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE ☐ DELETE
NAME **D DURDEN, RANDY D**
STREET ADDRESS **P.O. BOX 251 N/A**
CITY-ST-ZIP **BELL FL 32619**

TITLE ☐ DELETE
NAME **D JONES, GRADY H SR.**
STREET ADDRESS **RT 1 BOX 80 1730 W. Suwannee ST.**
CITY-ST-ZIP **BELL FL 32619**

TITLE ☐ DELETE
NAME **D ANDREWS, THOMAS L**
STREET ADDRESS **320 NW CR 341**
CITY-ST-ZIP **BELL FL**

TITLE ☐ DELETE
NAME **D MARTIN, WILLIAM M**
STREET ADDRESS **7309 SW 20TH STREET**
CITY-ST-ZIP **BELL FL**

TITLE ☐ DELETE
NAME **D CRAWFORD, MICHELLE W**
STREET ADDRESS **P.O. BOX 35 N/A**
CITY-ST-ZIP **TRENTON FL 32693**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L. Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-99

(352) 463-1818

Date

Daytime Phone #

CR2E037 (11/98)