

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90406 031 ****61.25

DOCUMENT # N95000000638

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 7

Suite, Apt. #, etc.

City & State

TRENTON FL

Zip

32693

Country

USA

4. FEI Number

59-3291134

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **JONES, GRADY H SR.**
STREET ADDRESS **1730 W. SWWANEE ST.**
CITY-ST-ZIP **BELL FL 32619**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **GERALD ROBERTS**
STREET ADDRESS **5280 SW 7TH PL.**
CITY-ST-ZIP **BELL FL 32619**

TITLE **D** ☐ Change ☒ Addition
NAME **JOSEPH H. LINDER**
STREET ADDRESS **3560 SW CR 334**
CITY-ST-ZIP **TRENTON FL 32693**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **BROKER, STEVEN F**
STREET ADDRESS **9140 SW 15TH CT.**
CITY-ST-ZIP **TRENTON, FL 32693**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN F. BROKER [STEVEN F. BROKER 5/7/01 (352)463-3223]

CR2E037 (10/00)