

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90001 004 ****61.25

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03022004 Chg-NP CR2E037 (10/03)

DOCUMENT # N95000000638 1. Entity Name GILCHRIST COUNTY FFA ALUMNI ASSOCIATION, INC.					
Principal Place of Business 109 E WADE ST TRENTON, FL 32693			Mailing Address 1013 N MAIN STREET TRENTON, FL 32693		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3291134		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANCASTER, SHEREE H 109 E WADE ST TRENTON, FL 32693			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, HERBERT E JR.		NAME	JOHNNY JONES	
STREET ADDRESS	P.O. BOX 307 N/A		STREET ADDRESS	4830 SE CR 232	
CITY - ST - ZIP	TRENTON, FL 32693		CITY - ST - ZIP	TRENTON FLORIDA 32693	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, GERALD		NAME	KELLY ROGERS	
STREET ADDRESS	5280 SW 7TH PLACE		STREET ADDRESS	9430 S HWY 129	
CITY - ST - ZIP	BELL, FL 32619		CITY - ST - ZIP	TRENTON, FLORIDA 32693	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DEBBIE		NAME		
STREET ADDRESS	1730 W SUWANNEE ST		STREET ADDRESS		
CITY - ST - ZIP	BELL, FL 32619		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEACH, DOUGLAS K		NAME		
STREET ADDRESS	5970 SW CR 307		STREET ADDRESS		
CITY - ST - ZIP	TRENTON, FL 32693		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRAWFORD-WALKER, MICHELLE		NAME		
STREET ADDRESS	3829 S US HWY 129		STREET ADDRESS		
CITY - ST - ZIP	TRENTON, FL 32693		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROKER, STEVEN F		NAME		
STREET ADDRESS	9140 SW 15TH CT		STREET ADDRESS		
CITY - ST - ZIP	TRENTON, FL 32693		CITY - ST - ZIP		
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 3/10/04 352 463 3273 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					