

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90137 010 ****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

1013 N MAIN STREET
TRENTON, FL 32693
930 S. MAIN ST
BELL, FL 32619

40029741



DO NOT WRITE IN THIS SPACE

03032005 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWN, HERBERT E JR.
STREET ADDRESS	P.O. BOX 307 N/A
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	D
NAME	JONES, JOHNNY
STREET ADDRESS	4830 SE CR 232
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	D
NAME	JONES, DEBBIE
STREET ADDRESS	1730 W SUWANNEE ST
CITY-ST-ZIP	BELL, FL 32619
TITLE	D
NAME	BEACH, DOUGLAS K
STREET ADDRESS	5970 SW CR 307
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	D
NAME	CRAWFORD-WALKER, MICHELLE
STREET ADDRESS	3829 S US HWY 129
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	D
NAME	BROKER, STEVEN F
STREET ADDRESS	9140 SW 15TH CT
CITY-ST-ZIP	TRENTON, FL 32693

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Date

352 463-3200

Daytime Phone #