

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000638

FILED
Aug 01, 2006
Secretary of State

Entity Name: GILCHRIST COUNTY FFA ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

109 E WADE ST
TRENTON, FL 32693

New Principal Place of Business:

4050 S US HIGHWAY 129
BELL, FL 32619

Current Mailing Address:

930 5 MAIN ST
BELL, FL 32619

New Mailing Address:

FEI Number: 59-3291134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BROWN, HERBERT E JR.
Address: P.O. BOX 307 N/A
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: JONES, JOHNNY
Address: 4830 SE CR 232
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: JONES, DEBBIE
Address: 1730 W SUWANNEE ST
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: BEACH, DOUGLAS K
Address: 5970 SW CR 307
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: CRAWFORD-WALKER, MICHELLE
Address: 3829 S US HWY 129
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: BROKER, STEVEN F
Address: 9140 SW 15TH CT
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DEBBIE JONES

D

08/01/2006

Electronic Signature of Signing Officer or Director

Date