

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000638

FILED
Mar 24, 2009
Secretary of State

Entity Name: GILCHRIST COUNTY FFA ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

4050 S US HIGHWAY 129
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

1013 N MAIN STREET
TRENTON, FL 32693

New Mailing Address:

FEI Number: 59-3291134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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, HERBIE
Address: HIGHWAY 129
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: SAYERS, MELISSA
Address: N HIGHWAY 341
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: BEACH, JEFFERY
Address: HIGHWAY 307
City-St-Zip: TRENTON, FL 32693

Title: D () Delete
Name: LINDSEY, DALE
Address: HIGHWAY 232
City-St-Zip: BELL, FL 32619

Title: D () Delete
Name: BEACH, GARRETT
Address: HIGHWAY 307
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
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City-St-Zip:

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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 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: STEVEN F. BROKER

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date