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Mar 06 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000000003 (0)**

1. Corporation Name

FRIENDS OF FARMERS: "SAVE OUR SOIL", INC.



Principal Place of Business

Mailing Address

**2840 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105**

**2840 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105**

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

59-3441064

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PASSIDOMO, KATHLEEN C ESQ
2840 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105**

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, THOMAS	1.2 NAME	
STREET ADDRESS	1320 NORTH 15TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 34142	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID C III	2.2 NAME	
STREET ADDRESS	2865 OAK RIDGE COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33901	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPMAN, RICK	3.2 NAME	
STREET ADDRESS	11900 SIX L FARM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34114	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, CALVIN	4.2 NAME	
STREET ADDRESS	P.O. BOX 247 n/r	4.3 STREET ADDRESS	
CITY-ST-ZIP	FELDA FL 33930	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JACK	5.2 NAME	
STREET ADDRESS	25450 AIRPORT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950-5748	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL	6.2 NAME	
STREET ADDRESS	P.O. BOX 3117 n/r	6.3 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 34143	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Thomas Jones **THOMAS JONES** **2/12/98**

CR2E037 (10/97)