

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90034 049 ****61.25

DOCUMENT # **N97000000003**

1. Corporation Name

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

Principal Place of Business

2640 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105

Mailing Address

2640 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

59-3441064

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C ESQ
2640 GOLDENGATE PARKWAY
SUITE 315
NAPLES FL 34105

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **JONES, THOMAS**
STREET ADDRESS **1320 NORTH 15TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **D** ☐ DELETE

NAME **BROWN, DAVID C III**
STREET ADDRESS **2665 OAK RIDGE COURT**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☐ DELETE

NAME **LIPMAN, RICK**
STREET ADDRESS **11900 SIX L FARM ROAD**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☐ DELETE

NAME **LLOYD, CALVIN**
STREET ADDRESS **P.O. BOX 247**
CITY-ST-ZIP **FELDA FL 33930**

TITLE **D** ☐ DELETE

NAME **NORRIS, JACK**
STREET ADDRESS **25450 AIRPORT ROAD**
CITY-ST-ZIP **PUNTA GORDA FL 33950-5746**

TITLE **D** ☐ DELETE

NAME **TAYLOR, MICHAEL**
STREET ADDRESS **P.O. BOX 3117**
CITY-ST-ZIP **IMMOKALEE FL 34143**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: **Thomas Jones** SIGNATURE REQUIRED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

941 658 6060

CR2E037 (11/98)