2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State
02-03-2005 90042 039 ****61.25

DOCUMENT # N97000006188

1. Entity Name
SOUTH FLORIDA AGRICULTURE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1255 W. ATLANTIC BLVD. #314 POMPANO BEACH, FL 33069	1255 W. ATLANTIC BLVD. #314 POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0821348
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MYRICK, EDWARD L JR
1255 W ATLANTIC BLVD., #314
POMPANO BEACH, FL 33069

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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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) 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	MYRICK, EDWARD L
STREET ADDRESS	4450 N.E. 31ST AVE.
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064
TITLE	D
NAME	GUIDA, JAMES T
STREET ADDRESS	1255 WEST ATLANTIC BLVD., STE. F-15
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	D
NAME	DELK, J. BARRY
STREET ADDRESS	1255 WEST ATLANTIC BLVD., STE. F-15
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 asterisk, with all other like empowered.

ATTACHMENT 400121112

SIGNATURE: # N9700000006188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #