FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

01-27-97 (918) 647-9123

T BERNERN ERE BERNERE HAN BERNERE BER

Sandra B. Mortham

Secretary of State
-DIVISION OF CORPORATIONS

1997
DOCUMENT #

SIGNATURE:

P11783

(8)

THE KERR CENTER FOR SUSTAINABLE AGRICULTURE, INC

•															
Principal Place of Business Mailing Address								•	7	1891(68; 181))091 I			1891 BIEIT MIBIT		P11 1881
P.O. BOX 588 POTEAU OK 74953				P.O. BOX 588 POTEAU OK 74953-0588											
									3. Date	Incorporated or 10/14/1986	Qualified	3a. D.	ate of Last 01/30/1	Report 996	
Principal Place of Business Section 21				2a. Mailing Address 26					4. FEI Number Applied For 73-1256120 Not Applied For						
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired See Required Fee Required						
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Z _I p Country						Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,						
24	25		29 30						Florida Statutes						
Name and Address of Current Registered Agent							10. Name and Address of New Registered A					Agent			
						81	N	ame							
ADAIR, ROBERT C., JR. 7055 33RD ST							Si	reet Addre	dress (P.O. Box Number is Not Acceptable)						
VERO BEACH FL 32966															·····
						84	С	ty					85 Zip	Code	
				7.1500 El			L					FL	<u>. </u>	14	
office or re	egistered agent, or	r both, in the State c	of Florid	7.1508, Florida Statu a. Such change was Section 617.0503, Fl	authoria	zed by	the the	rnea corpo corporation	ion's board	of directors. I he	tepà acceb	ot the app	ointment a	s regist	tered
SIGNATURE _			and side is	010	YC. D:							DATE			
Signature, typed or printed name of registered agent 12. OFFICERS AND							gistered Agent algnature require 13.			TIONS/CHANGES	TO OFFIC		D DIRECTO	DRS IN	12
TITLE	D	OT TOCHO THE	Dirico	DELETE		TITLE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,00,7,10		Change		Addition
NAME	ADAIR, ROBE	ERT C., JR.			1.2	NAME									
STREET ADDRESS	TORR CHESSELL SAME		1.3		1.3 STREET ADDRESS										
CITY-ST-ZIP	VERO BEACH	1 FL			1.4	CITY-S	T- ZII	,							
TITLE	PMD			DELETE	2.1	TITLE							☐ Change		Addition
NAME	HORNE, JAM	ies e			2.2	2.2 NAME]							
STREET ADDRESS	HWY. 271, S					2.3 STREET ADORESS									
CITY-ST-ZIP	POTEAU OK				2.	4 CITY-	ST-ZI	P							
TITLE	VD			☐ DELETE	3.1	TITLE							☐ Change		Addition
NAME	Adair, Kay i	Ē			3.3	NAME									
STREET ADDRESS	I 1777 1					3.3 STREET ADDRESS									
CITY-ST-ZIP	COYLE OK				3.4	CITY-	ST - Z	Р							
TITLE	T			☐ DELETE	4.1	TITLE							Change		Addition
NAME	WARE, ANN				4.	2 NAME									
STREET ADDRESS	P O BOX 588				4.3	STREET	ADD	ress							
CITY-ST-ZIP	POTEAU OK					CITY-5	T-ZI	,							
THILE	S			☐ DELETE		TITLE							Change		Addition
NAME	CHESTER, B.				- 1	NAME									
STREET ADDRESS	P.O.BOX 588				5.3	STREET	ADD	RESS							
CITY-ST-ZIP	POTEAU OK					CITY-S	T - ZII	>							A 1 100
TITLE	AS			DELETE		TITLE							Change	Ц	Addition
NAME	WARE, ANN				6.3	2 NAME									
STREET ADDRESS	P O BOX 58				6.3	3 STREET	ADD	RESS							
CITY, ST., 7IP	POTEAU OK				6.	s CITY - S	T - 70	,							

14. I do 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 Horne, President Chief Executive Officer