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Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90054 029 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11783**

1. Corporation Name

THE KERR CENTER FOR SUSTAINABLE AGRICULTURE, INC

Principal Place of Business

Mailing Address

P.O. BOX 588
POTEAU OK 74953

P.O. BOX 588
POTEAU OK 74953



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/14/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		73-1256120	
Country		Country		Applied For	
25		29		Not Applicable	
24		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAIR, ROBERT C., JR.
7055 33RD ST
VERO BEACH FL 32966

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	ADAIR, ROBERT C., JR.	1.2 NAME	
STREET ADDRESS	7060 CHERRY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PMD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, JAMES E	2.2 NAME	
STREET ADDRESS	HWY. 271, S	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTEAU OK	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAIR, KAY E	3.2 NAME	
STREET ADDRESS	RT. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	COYLE OK	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, ANN M	4.2 NAME	
STREET ADDRESS	P O BOX 588 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTEAU OK	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESTER, BARBARA	5.2 NAME	
STREET ADDRESS	P.O.BOX 588 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	POTEAU OK	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, ANN M	6.2 NAME	
STREET ADDRESS	P O BOX 588 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	POTEAU OK	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:

Ann Ware
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

918-647-9123
Daytime Phone #

CR2E037 (11/98)