

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P95000008293</u>		800001839268 -05/24/96--01103--016 ***200.00	
1. Corporation Name Allentown Community Farm Center, Inc.		DO NOT WRITE IN THIS SPACE	
Principal Place of Business 9400 Hwy 89 Jay, Florida 32565		3. Date Incorporated or Qualified 2-24-95	
Mailing Address 9400 Hwy 89 Jay, Florida 32565		3a. Date of Last Report initial report	
2. Principal Place of Business		4. FEI Number 59-3292242	
2a. Mailing Address		Applied For Not Applicable	
21 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 25 26 27 28 29 30			
8. Name and Address of Current Registered Agent Christopher Burnett Watermill Rd P.O. Box 891 Jay, FL 32565		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 505 BECK AVE.	
		83	
		84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D-P Christopher E. Burnett Jay, FL 32565			
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D-S Deborah Burnett Jay, FL 32565			
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Lam Fakhour CPA</u>		4/30/96 501-732-6180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	