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FILED
May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000008293 (9)

1. Corporation Name

ALLENTOWN COMMUNITY FARM CENTER, INC.



Principal Place of Business

Mailing Address

9400 HWY 88
JAY FL 32565

9400 HWY 88
JAY FL 32565

2. Principal Place of Business

2a. Mailing Address

21 9400 Hwy 89

26 9400 Hwy 89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Jay

27 Jay

City & State

City & State

23 Florida

28 Florida

Zip

Country

Zip

Country

24 32565

25 US

29 32565

30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3292242

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

BURNETT, CHRIS
305 BECK AVE.
JAY FL 32569

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 607.0502 and 607.1508, 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 607.0505, 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/P
NAME BURNETT, CHRIS
STREET ADDRESS 9400 HWY 88
CITY-ST-ZIP JAY FL 32565

TITLE D/S
NAME BURNETT, DEBORAH
STREET ADDRESS 9400 HWY 88
CITY-ST-ZIP JAY FL 32565

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Same
1.2 NAME Same
1.3 STREET ADDRESS 9400 Hwy 89
1.4 CITY-ST-ZIP Same

2.1 TITLE Same
2.2 NAME Same
2.3 STREET ADDRESS 9400 Hwy 89
2.4 CITY-ST-ZIP Same

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chris Burnett

4-24-97 904-623-5291

CR2E034 (9/96)