

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715028

Entity Name: DADE COUNTY AGRI-COUNCIL, INC.

Current Principal Place of Business:

1550 N KROME AVE
HOMESTEAD, FL 33030

Current Mailing Address:

P.O. BOX 901547
HOMESTEAD, FL 33090

FEI Number: 59-2345501

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAUGHTON-JAMES, PAT
20040 SW 280TH ST
HOMESTEAD, FL 33030 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KESTEL, IDANIA
Address 1550 N KROME AVE
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name HAUGHTON-JAMES, PAT
Address 20040 SW 280TH ST
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name MARRACCINI, PHILIP
Address 13955 COCONUT PALM DR
City-State-Zip: HOMESTEAD FL 33032

Title VP
Name SPURLING, JANE
Address 18710 SW 288 ST
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY
Name LAMBERTS, MARY
Address 531 HUNTING LODGE DR
City-State-Zip: MIAMI SPRINGS FL 33166

Title PRESIDENT
Name SCHNEIDER, MARY
Address 6420 SOUTH MITCHELL MANOR
 CIRCLE
City-State-Zip: MIAMI FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IDANIA KESTEL

TRESURER

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date