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.

TREASURER

SIGNATURE: IDANIA KESTEL

Electronic Signature of Signing Officer/Director Detail

1550 N KROME AVE HOMESTEAD, FL 33030

Current Principal Place of Business:

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Mailing Address:

DOCUMENT# 715028

P.O. BOX 901547 HOMESTEAD, FL 33090

FEI Number: 59-2345501

Name and Address of Current Registered Agent:

KESTEL, IDANIA 1550 N KROME AVE 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:	IDANIA KESTEL			03/01/2016
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	TREASURER	Title	DIRECTOR	
Name	KESTEL, IDANIA	Name	HAUGHTON-JAMES, PAT	
Address	1550 N KROME AVE	Address	20040 SW 280TH ST	
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030	
Title	DIRECTOR	Title	VP	
Name	MARRACCINI, PHILIP	Name	PHILCOX, MARY	
Address	13955 COCONUT PALM DR	Address	PO BOX 901547	
City-State-Zip:	HOMESTEAD FL 33032	City-State-Zip:	HOMESTEAD FL 33090	
Title	SECRETARY	Title	PRESIDENT	
Name	LAMBERTS, MARY	Name	SCHNEIDER, MARY	
Address	531 HUNTING LODGE DR	Address	6420 SOUTH MITCHELL MANO CIRCLE	OR
City-State-Zip:	MIAMI SPRINGS FL 33166	City-State-Zip:	MIAMI FL 33156	

Entity Name: DADE COUNTY AGRI-COUNCIL, INC.

Secretary of State CC0414856745

Certificate of Status Desired: No

FILED Mar 01, 2016

6

03/01/2016

Date