

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719890

**Entity Name:** AGRICULTURE INSTITUTE OF FLORIDA, INC.

**Current Principal Place of Business:**

800 TRAFALGAR COURT  
SUITE 200  
MAITLAND, FL 32751

**Current Mailing Address:**

PO BOX 940625  
MAITLAND, FL 32794 US

**FEI Number:** 59-1381461

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOCHRIDGE, LISA  
FLORIDA FRUIT & VEGETABLE ASSOCIATION  
800 TRAFALGAR COURT SUITE 200  
MAITLAND, FL 32751 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:** LISA F. LOCHRIDGE

**01/17/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST PRESIDENT  
Name MALONEY, AMBER  
Address WISH FARMS  
100 STEARN AVENUE  
City-State-Zip: PLANT CITY FL 33563

Title TREASURER  
Name LOCHRIDGE, LISA  
Address FLORIDA FRUIT & VEGETABLE  
ASSOCIATION  
, 800 TRAFALGAR COURT, SUITE 200  
City-State-Zip: MAITLAND FL 32794

Title PRESIDENT  
Name MOORE, TORY  
Address FARM CREDIT OF CENTRAL FLORIDA  
P.O. BOX 8009  
City-State-Zip: LAKELAND FL 33802

*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:** LISA F. LOCHRIDGE

**TREASURER**

**01/17/2018**

Electronic Signature of Signing Officer/Director Detail

Date