

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003430

Entity Name: THE NATIONAL ASSOCIATION OF STATE DEPARTMENTS OF AGRICULTURE, INC.**FILED**
Mar 20, 2019
Secretary of State
4664349741CC**Current Principal Place of Business:**4350 FAIRFAX DRIVE
SUITE 910
ARLINGTON, VA 22203**Current Mailing Address:**4350 FAIRFAX DRIVE
SUITE 910
ARLINGTON, VA 22203 US**FEI Number: 52-0845105****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	WITTE, JEFF
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	SECRETARY, TREASURER
Name	BALL, RICHARD
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	VP
Name	GOEHRING, DOUG
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	CEO
Name	GLENN, BARBARA
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	DIRECTOR
Name	ENRIGHT, SCOTT
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	DIRECTOR
Name	LEBEAUX, JOHN
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	DIRECTOR
Name	MILLER, SID
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

Title	DIRECTOR
Name	REESE, JIM
Address	4350 FAIRFAX DRIVE SUITE 910
City-State-Zip:	ARLINGTON VA 22203

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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: BARBARA GLENN**CEO****03/20/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REVICZKY, STEVE
Address 4350 FAIRFAX DRIVE
SUITE 910
City-State-Zip: ARLINGTON VA 22203

Title DIRECTOR
Name STRAIN, MICHAEL
Address 4350 FAIRFAX DRIVE
SUITE 910
City-State-Zip: ARLINGTON VA 22203