

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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98 JUL 20 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NON-PROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # F93000003491 (8)
1. Corporation Name
FARM AID, INC.



Principal Place of Business Mailing Address
**334 BROADWAY, SUITE 5
CAMBRIDGE MA 02139** **334 BROADWAY, SUITE 5
CAMBRIDGE MA 02139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **334 BROADWAY** 25 **334 BROADWAY**
Suite, Apt #, etc. Suite, Apt #, etc.
22 **1** 27 **1**
City & State City & State
23 **CAMBRIDGE, MA** 28 **CAMBRIDGE, MA**
Zip Country Zip Country
24 **02139** 25 **USA** 29 **02139** 30 **USA**

3. Date Incorporated or Qualified
07/30/1993

4. FEI Number Applied For
36-3383233 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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
**HENDERSHOT, TAMARA
919 4TH STREET
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent
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 607.0602 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, WILLIE	1.2 NAME	NEIL YOUNG
STREET ADDRESS	96 MILL PLAIN ROAD	1.3 STREET ADDRESS	610 ELLIOT ROBERTS, 2644 30th STREET
CITY-ST-ZIP	DANBURY CT 06811	1.4 CITY-ST-ZIP	SANTA MONICA, CA 90401
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, LANA	2.2 NAME	JOEL KATZ
STREET ADDRESS	14509 FITZHUGH	2.3 STREET ADDRESS	3423 PIEDMONT ROAD, NE, SUITE 200
CITY-ST-ZIP	AUSTIN TX 78746	2.4 CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLISH, PAUL	3.2 NAME	EVE ANN SHRIVER
STREET ADDRESS	2809 OAK POINT DRIVE	3.3 STREET ADDRESS	410 Asylum Records 1906 Acklen Ave
CITY-ST-ZIP	GARLAND TX 75042	3.4 CITY-ST-ZIP	NASHVILLE, TN 37212
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, BUDDY	4.2 NAME	DAVID ANDERSON
STREET ADDRESS	38 MUSIC SQUARE EAST, SUITE 300	4.3 STREET ADDRESS	7609 WEST LOVERS LANE
CITY-ST-ZIP	NASHVILLE TN 37203	4.4 CITY-ST-ZIP	UNIVERSITY PARK, TX 75225
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELLENCAMP, JOHN	5.2 NAME	
STREET ADDRESS	6255 SUNSET BLVD., 21ST FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD CA 90028	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ROTHBAUM, MARK	6.2 NAME	
STREET ADDRESS	96 MILL PLAIN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	DANBURY CT 06811	6.4 CITY-ST-ZIP	

14. I 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: *Mark Rothbaum* 5/15/98 703-792-2400

CR2E034 (10/97)

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***61.25 DENIED 61.25
8/7/20