

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90015 016 ****61.25

DOCUMENT # 730641
 1. Entity Name
FLORIDA FARM BUREAU WOMEN'S FUND, INC.



Principal Place of Business Mailing Address
5700 SOUTHWEST 34TH STREET **5700 SOUTHWEST 34TH STREET**
GAINESVILLE, FL 32608 **GAINESVILLE, FL 32608**

54037613



03152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0182662	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BUTLER, SCOTTIE J.
5700 SOUTHWEST 34TH STREET
GAINESVILLE FLORIDA, FL 32608

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GASKINS, SHIRLEY RR2 BOX 2095 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD PAARLBERG, VIRGINIA RR 1, BOX 1195666 LEE, FL 32059
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MILDRED RR 8 BOX 4128 DEFUNIAK SPRINGS, FL 32436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUCHER, BETTY 3966 72ND ST. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, LIZ RR 2 BOX 4128 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYAN, BARBARA ANN 22416 OLD PROVIDENCE RD ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carl B. Loop, Jr. APRIL 9, 2004 352/374-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CARL B. LOOP, JR., PRESIDENT

SUPPLEMENT

(Florida Farm Bureau Women's Fund, Inc.)

12. NAMES AND STREET ADDRESSES OF EACH 2004 DIRECTOR AND OFFICER

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Paarberg, Virginia	C/D	RR 1, Box 1195	Lee, FL 32059
Grant, Marilyn	VC/D	2850 NW 100 th Street	Ocala, FL 34475
Taylor, Mildred	D	RR 8, Box 4128	DeFuniak Spgs, FL 32433
Poucher, Betty	D	3966 72 nd . Street	Live Oak FL 32060
Cowart, Liz	D	RR 2, Box 1850	Starke FL 32091
Williamson, Michelle	D	PO Box 959	Dover FL 33527
Biggy, Christy	D	465 Patterson Ave.	Osprey FL 34229
Bass, JoAnne	D	16205 Hwy 98 North	Okeechobee FL 34972-0404
Dell, Bonni	D	3907 Lowson Blvd.	Delray Beach FL 33445
Carte, Sarah	D	14227 State Road 171	Live Oak FL 32060

Attachment

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