


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90187 003 \*\*\*\*61.25

<b>DOCUMENT # 730641</b>			
1. Entity Name FLORIDA FARM BUREAU WOMEN'S FUND, INC.			
Principal Place of Business 5700 SOUTHWEST 34TH STREET GAINESVILLE, FL 32608		Mailing Address 5700 SOUTHWEST 34TH STREET GAINESVILLE, FL 32608	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04242006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>51-0182662</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
BUTLER, SCOTTIE J. 5700 SOUTHWEST 34TH STREET GAINESVILLE FLORIDA, FL 32608	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PEARLBERG, VIRGINIA 398 NE LAUREL OAK WAY LEE, FL 32059	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GRANT, MARILYN 2850 NW 100TH ST. OCALA, FL 34475	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, MILDRED 4128 US 331 SOUTH DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POUCHER, BETTY 3966 72ND ST. LIVE OAK, FL 32060	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COWART, LIZ 20222 NW 71ST AVENUE STARKE, FL 32091	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, MICHELLE P.O. BOX 279 SYDNEY, FL 33587	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Scottie J. Butler, Resident Agent 4-26-06 352-374-1504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40066475  
#730641

**SUPPLEMENT**

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

12. NAMES AND STREET ADDRESSES OF EACH 2006 DIRECTOR AND OFFICER

NAMES OF OFFICERS & DIRECTORS	TITLE	STREET ADDRESS	CITY/STATE
Paarberg, Virginia	C/D	398 NE Laurel Oak Way	Lee, FL 32059
Grant, Marilyn	VC/D	1635 W. Highway 316	Citra FL 32213
Taylor, Mildred	D	4128 US 331 South	DeFuniak Spgs FL 32435
Poucher, Betty	D	3966 72 <sup>nd</sup> Street	Live Oak FL 32060
Hofer, Kelli	D	1856 NE 40 <sup>th</sup> Street	Ocala FL 34479
Parrish, Norma Jean	D	6235 County Road 218	Jacksonville FL 32234
Williamson, Michelle	D	PO Box 279	Sydney FL 33587
Phypers, Brittany	D	546 N. Lakeview Road	Lake Placid FL 33852
Bass, JoAnne	D	16205 Hwy 98 North	Okeechobee FL 34972-0404
Swanson, Carol Ann	D	44 NE 16 <sup>th</sup> Street	Homestead FL 33030
Johnson, Andrea	D	3049 County Road 664	Bowling Green FL 33834