

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90077 022 \*\*\*\*61.25

**DOCUMENT # 730641**

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**

40088000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**51-0182662**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUTLER, SCOTTIE J.  
5700 SOUTHWEST 34TH STREET  
GAINESVILLE FLORIDA, FL 32608**

Name  
**WM. PATRICK COCKRELL**  
Street Address (P.O. Box Number is Not Acceptable)  
**5700 SW 34TH STREET**

City  
**GAINESVILLE** **FL** Zip Code  
**32608**

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 **WM. PATRICK COCKRELL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**APRIL 28, 2008**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
WILLIAMSON, MICHELLE  
2340 SIDNEY DOVER RD  
DOVER FL 33527** Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCD  
GRANT, MARILYN  
2850 NW 100TH ST.  
OCALA, FL 34475** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VCD  
PAARLBERG, VIRGINIA  
398 NE LAUREL OAK WAY  
LEE FL 32059** Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TAYLOR, MILDRED  
4128 US 331 SOUTH  
DEFUNIAK SPRINGS, FL 32435** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CHRISTMAS, ANN  
1916 PALMVIEW RD  
COTTONDALE FL 32431-7140** Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
POUCHER, BETTY  
3966 72ND ST.  
LIVE OAK, FL 32060** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LYONS, KELLY  
1065 NW COUNTY RD 292  
MAYO FL 32066** Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILLIAMSON, MICHELLE  
P.O. BOX 279  
SYDNEY, FL 33587** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HOFER, KELLI  
1856 NE 40TH STREET  
OCALA FL 34479** Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PARRISH, NORMA JEAN  
6235 COUNTY ROAD 218  
JACKSONVILLE FL 32234** Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 28, 2008 352/374-1504**

Date

Daytime Phone #

**JOHN L. HOBELICK, PRESIDENT**

# SUPPLEMENT

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

FFB Women's Fund, Inc.  
Corporation #730641  
(Addendum to 2008 Corporation Annual Filing)

## 12. NAMES AND STREET ADDRESSES OF EACH 2008 DIRECTOR AND OFFICER

TITLE	NAMES OF OFFICERS & DIRECTORS	STREET ADDRESS	CITY/STATE
D	Fulford, Cheryl	12 Ft. Clinch Heights Road	Frostproof FL 33843-9428
D	Phypers, Brittany	546 N. Lakeview Road	Lake Placid FL 33852
D	Schuller, Laurie	PO Box 457	Scottsmeer, FL 32775
D	Griffin, Cindy	5394 SW 61 <sup>st</sup> Avenue	Davie FL 33314

ATTACHMENT

40088329