

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 20, 2009
Secretary of State**

DOCUMENT# 730641

Entity Name: FLORIDA FARM BUREAU WOMEN'S FUND, INC.

Current Principal Place of Business:

5700 SOUTHWEST 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5700 SOUTHWEST 34TH STREET
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 51-0182662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKRELL, WM P
5700 SOUTHWEST 34TH STREET
GAINESVILLE FLORIDA, FL 32608 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: WILLIAMSON, MICHELLE
Address: 2340 SIDNEY DOVER RD
City-St-Zip: DOVER, FL 33527

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCD () Change (X) Addition
Name: PAARLBERG, VIRGINIA
Address: 398 NE LAUREL OAK WAY
City-St-Zip: LEE, FL 32059

Title: D () Change (X) Addition
Name: CHRISTMAS, ANN
Address: 1916 PALMVIEW RD
City-St-Zip: COTTONDALE, FL 32431

Title: D () Change (X) Addition
Name: LYONS, KELLY
Address: 1065 NW COUNTY RD 292
City-St-Zip: MAYO, FL 32066

Title: D () Change (X) Addition
Name: HOFER, KELLI
Address: 1856 NE 40TH STREET
City-St-Zip: OCALA, FL 34479

Title: D () Change (X) Addition
Name: PARRISH, NORMA J
Address: 6235 COUNTY RD 218
City-St-Zip: JACKSONVILLE, FL 32234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WM PATRICK COCKRELL

RA

04/20/2009

Electronic Signature of Signing Officer or Director

Date