

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90295 014 \*\*\*\*61.25

<b>DOCUMENT # 771342</b>			
1. Entity Name <b>ALACHUA COUNTY FARM BUREAU, LAA</b>			
Principal Place of Business <b>14435 NW US HWY 41 STE 40 ALACHUA FL 32616-1180</b>		Mailing Address <b>PO BOX 1180 ALACHUA FL 32616-1180</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



14012237



MOORE CR2E037 (11/03)

4. FEI Number <b>59-0762130</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BRYAN, MYRON W.</b> <b>12600 M.L.K. BLVD</b> <b>PO BOX 1180</b> <b>ALACHUA FL 32616-1180</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>22416 OLD PROVIDENCE ROAD</b> 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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OELFKE, WAYNE R			NAME			
STREET ADDRESS	27717 NW 62ND AVE			STREET ADDRESS			
CITY-ST-ZIP	HIGH SPRINGS FL 32643			CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRYAN, MYRON W.			NAME			
STREET ADDRESS	22416 OLD PROVIDENCE RD			STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32615			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEAS, W B			NAME			
STREET ADDRESS	5510 SW 122ND STREET			STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 32608			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSHING, WINSTON			NAME			
STREET ADDRESS	PO BOX 1252			STREET ADDRESS			
CITY-ST-ZIP	ALACHUA FL 32616			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:** *Winston Rushing* **Winston Rushing** 4-12-04 386-418-4008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #