# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 17, 2004 8:00 am**
**Secretary of State**
03-17-2004 90033 017 ****61.25

94030686

DOCUMENT # 790637

1. Entity Name
LEON COUNTY FARM BUREAU LAA

| Principal Place of Business | Mailing Address |
|---|---|
| 1349 CROSS CREEK WAY<br>TALLAHASSEE, FL 32301 | 1349 CROSS CREEK WAY<br>TALLAHASSEE, FL 32301 |

01162004 Chg-NP. CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-6177354 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~ROBERTS~~, STEVE
1349 CROSS CREEK WAY
TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**

Name: Nyman, Glen, President
Street Address (P.O. Box Number is Not Acceptable):
City: FL 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: [signature] Glen Nyman 1-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

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 | P<br>ROBERTS, STEVE<br>7007 ROBERTS DR.<br>TALLAHASSEE, FL 32308 | ☒ Delete | P<br>Nyman, Glen<br>8312 Elan Drive<br>Tallahassee, FL 32312 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROBERTS, WILLIAM<br>7107 ROBERTS RD.<br>TALLAHASSEE, FL 32308 | ☐ Delete | VP<br>Wenzel, Doty<br>7023 Alhambra Drive<br>Tallahassee, FL 32311 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>WENZEL, DOTY<br>7023 ALHAMBRA DR.<br>TALLAHASSEE, FL 32311 | ☐ Delete | T<br>Zeiler, Lennie<br>2220 Mandrell Court<br>Tallahassee, FL 32303 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CONRAD, JACK<br>RT 31 BOX 198<br>TALLAHASSEE, FL 32312 | ☐ Delete | S<br>Poppell, Bob<br>2703 Brenner Pass<br>Tallahassee, FL 32303 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>POPPELL, BOB<br>2703 BRENNER PASS<br>TALLAHASSEE, FL 32303 | ☐ Delete | D<br>Hall, Jimmy (Jr.)<br>14033 Rococo Road<br>Tallahassee, FL 32308 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KEENAN, DON<br>2838 W.W. KELLY RD.<br>TALLAHASSEE, FL 32311 | ☒ Delete | D<br>Johnston, Tony<br>6100 Walkabout Lane<br>Tallahassee, FL 32308 | ☐ Change ☒ Addition |

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:** [signature] President Glen D. Nyman (850) 877-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 790637

1. Entity Name
LEON COUNTY FARM BUREAU LAA

| Principal Place of Business | Mailing Address |
|---|---|
| 1349 CROSS CREEK WAY<br>TALLAHASSEE, FL 32301 | 1349 CROSS CREEK WAY<br>TALLAHASSEE, FL 32301 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

01182004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6177354 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| ~~ROBERTS, STEVE~~<br>1349 CROSS CREEK WAY<br>TALLAHASSEE, FL 32301 | Name: Glen Nyman President<br>Street Address (P.O. Box Number is Not Acceptable):<br>City: FL 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: Glen Nyman President Glen D. Nyman 1-28-04
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $81.25 Due by May 1, 2004**

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 | | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBERTS, STEVE<br>7007 ROBERTS DR.<br>TALLAHASSEE, FL 32308 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Porter, Jeff<br>4415 Blue Bill Pass<br>Tallahassee FL 32303 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ROBERTS, WILLIAM<br>7107 ROBERTS RD.<br>TALLAHASSEE, FL 32308 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☒ Addition<br>D<br>Spann, Sharon<br>623 Fulton Road #A-03<br>Tallahassee FL 32312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>WENZEL, DOTY<br>7023 ALHAMBRA DR.<br>TALLAHASSEE, FL 32311 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CONRAD, JACK<br>RT 31 BOX 198<br>TALLAHASSEE, FL 32312 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POPPELL, BOB<br>2703 BRENNER PASS<br>TALLAHASSEE, FL 32303 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KEENAN, DON<br>2838 W.W. KELLY RD.<br>TALLAHASSEE, FL 32311 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |

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: Glen Nyman President Glen D. Nyman (850) 877-6581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #