2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2010
Secretary of State

DOCUMENT# 790637

Entity Name: LEON COUNTY FARM BUREAU LAA

Current Principal Place of Business:

1349 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1349 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6177354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NYMAN, GLEN PRES.
1349 CROSS CREEK CIRCLE
TALLAHASSEE, FL 32301 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: P
Name: NYMAN, GLEN
Address: 3280 HORSESHOE TRL
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP
Name: POPPELL, ROBERT R
Address: 2703 BRENNER PASS
City-St-Zip: TALLAHASSEE, FL 32303

Title: T
Name: HALL, JIMMY L JR
Address: 14033 ROCOCO ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: S
Name: REGISTER, DAVID
Address: 15011 SUNRAY ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: SMITH, ELLIS
Address: 2683 SARAWOOD LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: JOHNSTON, TONY
Address: 6100 WALKABOUT LANE
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: GLEN NYMAN PRES 04/05/2010

Electronic Signature of Signing Officer or Director — Date