2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 790719

Entity Name: CLAY COUNTY FARM BUREAU LAA

Current Principal Place of Business:

3960 LAZY ACRE ROAD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

3960 LAZY ACRE ROAD
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-6177719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT JOINER - AGENCY MANAGER FARM BUREAU
3960 LAZY ACRE ROAD
MIDDLEBURG, FL 32068 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:	PD	( ) Delete
Name:	PADGETT, RANDOLPH	
Address:	4441 WEEKS ROAD	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	VPD	( ) Delete
Name:	GODBOLD, JESSE	
Address:	205 PARK STREET	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	SD	( ) Delete
Name:	PARRISH, NORMA J	
Address:	6235 COUNTY RD 218	
City-St-Zip:	JACKSONVILLE, FL 32234	
Title:	D	( ) Delete
Name:	HICKEY, EUGENE	
Address:	6806 SHARON RD	
City-St-Zip:	GREEN COVE SPRINGS, FL 32043	
Title:	D	( ) Delete
Name:	SPENCER, JESSE	
Address:	3529 KINDLEWOOD DR	
City-St-Zip:	MIDDLEBURG, FL 32068	
Title:	D	( ) Delete
Name:	SPURLIN, GERALD	
Address:	3199 SR-16 WEST	
City-St-Zip:	GREEN COVE SPRINGS, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RANDOLPH PADGETT PRES 01/13/2009
Electronic Signature of Signing Officer or Director — Date