


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

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90028 038 \*\*\*\*\*70.00

|   |                         |  |   |  |  |
|---|-------------------------|--|---|--|--|
| <b>DOCUMENT # 790738</b>  |                         |  |   |                           |  |
| 1. Entity Name<br><b>JEFFERSON COUNTY FARM BUREAU, LAA.</b>   |                         |  |   |  |  |
| Principal Place of Business<br><b>105 W ANDERSON ST<br/>MONTICELLO FL 32344<br/>US</b>  |                         | Mailing Address<br><b>105 W. ANDERSON ST.<br/>MONTICELLO FL 32344<br/>US</b>     |   |  |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                         | City & State   |   | 4. FEI Number<br><b>59-1010268</b>   |  |
| Zip   |                         | Country  |   | Applied For<br>Not Applicable  |  |
| Zip   |                         | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MONROE, STEPHEN<br/>610 HALLELUJAH LANE<br/>MONTICELLO FL 32344</b>   |                         |  | 7. Name and Address of New Registered Agent           |  |  |
| Name  |                         |  | Name  |  |  |
| Street Address (P.O. Box Number is Not Acceptable)  |                         |  | Street Address (P.O. Box Number is Not Acceptable)    |  |  |
| City  |                         |  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |   |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
|   |                         |  |   | <b>Make Check Payable to Florida Department of State</b>   |  |
| 10. OFFICERS AND DIRECTORS  |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE   | D  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | LEWIS, DOROTHY P.       |  | NAME  | Lewis, Dorothy P.  |  |
| STREET ADDRESS  | 4167 AVEILLA            |  | STREET ADDRESS  | 4167 Aucilla   |  |
| CITY-ST-ZIP   | MONTICELLO FL 32344     |  | CITY-ST-ZIP   | Monticello, fl. 32344  |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | MONROE, DANNY III       |  | NAME  |  |  |
| STREET ADDRESS  | 10685 WAUKEENAH HWY     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MONTICELLO FL 32344     |  | CITY-ST-ZIP   |  |  |
| TITLE   | D                       | <input checked="" type="checkbox"/> Delete                                       | TITLE   | V  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | BISHOP, BENJAMIN        |  | NAME  | Edwards, Walter B. Jr.   |  |
| STREET ADDRESS  | 539 SEVEN BRIDGES       |  | STREET ADDRESS  | P.O. Box 8   |  |
| CITY-ST-ZIP   | MONTICELLO FL 32344     |  | CITY-ST-ZIP   | Lloyd, Fl. 32337   |  |
| TITLE   | D                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | BIRD, BUCKINGHAM        |  | NAME  |  |  |
| STREET ADDRESS  | P.O. BOX 247 N/A        |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MONTICELLO FL 32345     |  | CITY-ST-ZIP   |  |  |
| TITLE   | P                       | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | MONROE, STEPHEN         |  | NAME  |  |  |
| STREET ADDRESS  | 610 HALLELUJAH LANE     |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MONTICELLO FL 32344     |  | CITY-ST-ZIP   |  |  |
| TITLE   | ST                      | <input type="checkbox"/> Delete  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | DEMOTT, HERBERT         |  | NAME  |  |  |
| STREET ADDRESS  | 915 GOVERNMENT FARM RD. |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | MONTICELLO FL 32344     |  | 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: <i>Dorothy P. Lewis</i> <b>DOROTHY P. LEWIS</b>  |                         |  | 3-12-04   |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                         |  | <small>Date</small>                                   |  |  |
|   |                         |  | <small>Daytime Phone #</small>                        |  |  |

14000163



MOORE CR2E037 (11/03)

Attachment 14000163  
#790738

ADDITIONAL OFFICERS AND DIRECTORS

TITLE D ADDITIONAL  
NAME BRINSON, EDWARD B.  
2023 DILLS ROAD  
MONTICELLO, FL. 32344

TITLE D ADDITIONAL  
FINLAYSON, JOHN M.  
25 FINCREST  
GREENVILLE, FL. 32331

TITLE D ADDITIONAL  
JOHN MAC FINLAYSON JR.  
63 FINCREST  
GREENVILLE, FL. 32331

TITLE D ADDITIONAL  
FULFORD, ERNEST  
2798 FULFORD  
MONTICELLO, FL. 32344

TITLE D ADDITIONAL  
LEWIS, DAVID  
4592 AUCILLA  
MONTICELLO, FL. 32344

TITLE D ADDITIONAL  
WARREN, HENRY  
4058 BASSETT DAIRY RD.  
MONTICELLO, FL. 32344

TITLE D ADDITIONAL  
BISHOP, BENJAMIN D.  
539 SEVEN BRIDGES  
MONTICELLO, FL. 32344