

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 790738

Entity Name: JEFFERSON COUNTY FARM BUREAU, LAA.

Current Principal Place of Business:

105 W ANDERSON ST
MONTICELLO, FL 32344 US

New Principal Place of Business:

Current Mailing Address:

105 W. ANDERSON ST.
MONTICELLO, FL 32344 US

New Mailing Address:

FEI Number: 59-1010268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROE, STEPHEN
610 HALLELUJAH LANE
MONTICELLO, FL 32344 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: D () Delete
Name: LEWIS, DOROTHY P.,
Address: 4167 AUCILLA
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: MONROE, DANNY III,
Address: 10685 WAUKEENAH HWY
City-St-Zip: MONTICELLO, FL 32344

Title: V () Delete
Name: EDWARDS, WALTER B JR
Address: PO BOX 8
City-St-Zip: LLOYD, FL 32337

Title: D () Delete
Name: BIRD, BUCKINGHAM
Address: P.O. BOX 247 N/A
City-St-Zip: MONTICELLO, FL 32345

Title: P () Delete
Name: MONROE, STEPHEN
Address: 610 HALLELUJAH LANE
City-St-Zip: MONTICELLO, FL 32344

Title: ST () Delete
Name: DEMOTT, HERBERT,
Address: 915 GOVERNMENT FARM RD.
City-St-Zip: MONTICELLO, FL 32344

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: DOROTHY P. LEWIS

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date