

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90188 022 ****70.00

DOCUMENT # 790738

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.



Principal Place of Business

105 W ANDERSON ST
MONTICELLO FL 32344
US

Mailing Address

105 W. ANDERSON ST.
MONTICELLO FL 32344
US

90028729



CHECK HERE IF MAKING CHANGES

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 59-1010268

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONROE, STEPHEN
610 HALLELUJAH LANE
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	D LEWIS, DOROTHY P. RT. 1 BOX 233 MONTICELLO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, DANNY III RT 3 BOX 51 MONTICELLO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ALLEN RT 2 BOX 33 MONTICELLO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIRD, BUCKINGHAM P.O. BOX 247 N/A MONTICELLO FL 32345	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONROE, STEPHEN 610 HALLELUJAH LANE MONTICELLO FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMOTT, HERBERT RT. 1, BOX 197-A MONTICELLO FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lewis, Dorothy P. 4167 Aveilla MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONROE, DANNY III 10685 Waukeenah Hwy MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bishop, Benjamin D 539 Seven Bridges MONTICELLO, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brinson, Edward B 2023 Dills MONTICELLO, FL 32344	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Edwards, Walter B, Jr. P.O. Box 8 Lloyd, FL 32337	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEMOTT, HERBERT 915 Government Farm Rd. MONTICELLO, FL 32344	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2/13/03

850-997-5400

CR2E037 (10/02)

Attachment

90028729

790738

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ADDITIONS TO OFFICERS AND DIRECTORS

TITLE	D	ADDITION
NAME	FINLAYSON, JOHN M.	
STREET ADDRESS	25 FINCREST	
CITY-ST-ZIP	GREENVILLE, FL. 32331	

TITLE	D	ADDITION
NAME	FINLAYSON, JOHN MAC JR.	
STREET ADDRESS	63 FINCREST	
CITY-ST-ZIP	GREENVILLE, FL. 32331	

TITLE	D	ADDITION
NAME	FULFORD, ERNEST	
STREET ADDRESS	2798 FULFORD	
CITY-ST-ZIP	MONTICELLO, FL. 32344	

TITLE	D	ADDITION
NAME	LEWIS, DAVID	
STREET ADDRESS	4592 AUCILLA	
CITY-ST-ZIP	MONTICELLO, FL. 32344	

TITLE	D	ADDITION
NAME	WARREN, HENRY	
STREET ADDRESS	4058 BASSETT DAIRY	
CITY-ST-ZIP	MONTICELLO, FL. 32344	