

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90126 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                                                        |                                                              |                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 790897</b><br>1. Entity Name<br><b>LIBERTY COUNTY FARM BUREAU, LAA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                              |                                                                                                                        |                                                              |                                                                                                                               |  |
| Principal Place of Business<br><b>P.O. BOX 721<br/>BRISTOL, FL 32321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                                                        | Mailing Address<br><b>P.O. BOX 721<br/>BRISTOL, FL 32321</b> |                                                                                                                                                                                                                |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>17577 Main Street N</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | 3. Mailing Address<br><b>17577 Main Street N</b><br>Suite, Apt. #, etc.                                                |                                                              |                                                                                                                              |  |
| City & State<br><b>Blountstown, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                              | City & State<br><b>Blountstown, FL</b>                                                                                 |                                                              | 4. FEI Number<br><b>59-6194531</b>                                                                                                                                                                             |  |
| Zip<br><b>32424</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | Country<br><b>US</b>                                                                                                   |                                                              | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LUNS福德, BETTY J<br/>19089 NW CR 379<br/>BRISTOL, FL 32321</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |                                                                                                                        |                                                              | 7. Name and Address of New Registered Agent<br>Name <b>Foran, Alvin</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>16846 NW CR 379</b><br>City <b>Bristol</b> <b>FL</b> Zip Code <b>32321</b> |  |
| 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:<br><br>SIGNATURE <u><i>Alvin Foran</i></u> <span style="float: right;">4-23-08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                        |                                                                                                              |                                                                                                                        |                                                              |                                                                                                                                                                                                                |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                              | <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                                                        | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>EUBANKS, WILHOIT<br/>10851 NW JIMMY LEE LN<br/>BRISTOL, FL 32321</b> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>SCHMARJE, JEFFREY<br/>10992 NW SCHMARJE LN<br/>BRISTOL, FL 32321</b> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP <input type="checkbox"/> Delete<br><b>FORAN, ALVIN<br/>16846 NW CR 379<br/>BRISTOL, FL 32321</b>          |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Carson, David<br/>15584 NW CR 12<br/>Bristol, FL 32321</b>                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Brown, Joe<br/>18720 NE Old Blue Creek Rd<br/>Hosford, FL 32334</b>                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Lunsford, Betty<br/>19089 NW CR 379<br/>Bristol, FL 32321</b>                                                             |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                                                              |                                                                                                                        |                                                              |                                                                                                                                                                                                                |  |
| <b>SIGNATURE:</b> <u><i>Alvin Foran</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                              |                                                                                                                        | 4-23-08<br><small>Date Daytime Phone #</small>               |                                                                                                                                                                                                                |  |