



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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