2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790897

FILED Feb 19, 2009 Secretary of State

Entity Name: LIBERTY COUNTY FARM BUREAU, LAA

Current Principal Place of Business: New Principal Place of Business: 17577 MAIN STREET N BLOUNTSTOWN, FL 32424 US **Current Mailing Address: New Mailing Address:** 17577 MAIN STREET N BLOUNTSTOWN, FL 32424 US FEI Number: 59-6194531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORGAN, ALVIN FORAN, ALVIN 16846 NW CR 379 16846 NW CR 379 BRISTOL, FL 32321 US US BRISTOL, FL 32321 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: ALVIN FORAN 02/19/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EUBANKS, WILHOIT Name: Name: 10851 NW JIMMY LEE LN Address: Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHMARJE, JEFFREY Name: STOUTAMIRE, DAVIS Name: Address: 10992 NW SCHMARJE LN Address: 19730 NE OLD BLUE CREEK RD City-St-Zip: BRISTOL, FL 32321 City-St-Zip: HOSFORD, FL 32334 Title: DP () Delete Title: () Change () Addition FORAN, ALVIN Name: Name: 16846 NW CR 379 Address: Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition Name: CARSON, DAVID Name: CARSON, DAVID 15884 NW CR 12 15584 NW CR 12 Address: Address: City-St-Zip: BRISTOL, FL 32321 City-St-Zip: BRISTOL, FL 32321 Title: DST () Delete Title: () Change () Addition BROWN, JOE Name: Name: 18720 NE OLD BLUE CREEK ROAD Address: Address: City-St-Zip: HOSFORD, FL 32334 City-St-Zip: Title: () Delete Title: (X) Change () Addition LUNSFORD-SMITH, BETTY LUNSFORD, BETTY Name: Name: Address: 19089 NW CR 379 Address: 19089 NW CR 379 BRISTOL, FL 32321 BRISTOL, FL 32321 City-St-Zip: 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: ALVIN FORAN P 02/19/2009