

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90295 014 ****61.25

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1. Entity Name

ALACHUA COUNTY FARM BUREAU, LAA



Principal Place of Business

14435 NW US HWY 41
STE 40
ALACHUA FL 32616-1180

Mailing Address

PO BOX 1180
ALACHUA FL 32616-1180

14012237



MOORE CR2E037 (11/03)

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

59-0762130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, MYRON W.
12600 M.L.K. BLVD
PO BOX 1180
ALACHUA FL 32616-1180

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
Due By May 1, 2004**

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

TITLE DV ☐ Delete
NAME OELFKE, WAYNE R
STREET ADDRESS 27717 NW 62ND AVE
CITY-ST-ZIP HIGH SPRINGS FL 32643

TITLE DP ☐ Delete
NAME BRYAN, MYRON W.
STREET ADDRESS 22416 OLD PROVIDENCE RD
CITY-ST-ZIP ALACHUA FL 32615

TITLE DS ☐ Delete
NAME DEAS, W B
STREET ADDRESS 5510 SW 122ND STREET
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE DT ☐ Delete
NAME RUSHING, WINSTON
STREET ADDRESS PO BOX 1252
CITY-ST-ZIP ALACHUA FL 32616

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 OR DIRECTOR

Date

Daytime Phone #

Winston Rushing 4-12-04 386-418-4008