

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

RECEIVED  
 Jan 25, 2006 08:00 AM  
 Secretary of State

**DOCUMENT # 771342**  
 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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

1st MOORE CR2E037 (10/05)

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  
 BRYAN, MYRON W.  
 22416 OLD PROVIDENCE ROAD  
 PO BOX 1180  
 ALACHUA FL 32616-1180

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)

U00000401586  
 02/02/06-80050-002 61.25  
 DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DV	OELFKE, WAYNE R	27717 NW 62ND AVE	HIGH SPRINGS FL 32643	<input type="checkbox"/>
DP	BRYAN, MYRON W.	22416 OLD PROVIDENCE RD	ALACHUA FL 32615	<input type="checkbox"/>
DS	DEAS, W B	5510 SW 122ND STREET	GAINESVILLE FL 32608	<input type="checkbox"/>
DT	RUSHING, WINSTON	PO BOX 1252	ALACHUA FL 32616	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.