

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771342

FILED
Jan 08, 2009
Secretary of State

Entity Name: ALACHUA COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

14435 NW US HWY 41
STE 40
ALACHUA, FL 326161180

New Principal Place of Business:

Current Mailing Address:

PO BOX 1180
ALACHUA, FL 326161180

New Mailing Address:

FEI Number: 59-0762130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYAN, MYRON W.
22416 OLD PROVIDENCE ROAD
PO BOX 1180
ALACHUA, FL 326161180 US

Name and Address of New Registered Agent:

BRYAN, MYRON W.
22416 OLD PROVIDENCE ROAD
ALACHUA, FL 326161180 US

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: MYRON W. BRYAN

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: OELFKE, WAYNE R
Address: 27717 NW 62ND AVE
City-St-Zip: HIGH SPRINGS, FL 32643

Title: DP () Delete
Name: BRYAN, MYRON W.,
Address: 22416 OLD PROVIDENCE RD
City-St-Zip: ALACHUA, FL 32615

Title: DS () Delete
Name: DEAS, W B
Address: 5510 SW 122ND STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: DT () Delete
Name: RUSHING, WINSTON
Address: PO BOX 1252
City-St-Zip: ALACHUA, FL 32616

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MYRON W. BRYAN

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date