

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

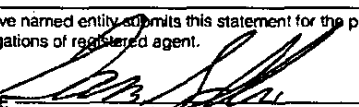
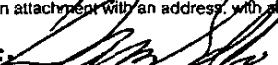
FILED
Mar 10, 2004 8:00 am
Secretary of State

02-23-2004 90051 018 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 771343					
1. Entity Name LEVY COUNTY FARM BUREAU LAA					
Principal Place of Business 948 E. HATHAWAY AVE. BRONSON FL 32621 US			Mailing Address PO BOX 130 BRONSON FL 32621 US		
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 59-0762995	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DAMON, SANDLIN 1/2 NORTH COUNTY RD. 343 WILLISTON FL 32696				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 				DATE 2-18-04	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when resigning)	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	Brad Ethridge	☐ Change ☒ Addition
NAME	SANDLIN, DAMON		NAME	P.O. Box 426	
STREET ADDRESS	18251 NE 60TH ST		STREET ADDRESS	Williston, FL 32696	
CITY-ST-ZIP	WILLISTON FL		CITY-ST-ZIP		
TITLE	S	☒ Delete	TITLE	Ryan Thomas	☐ Change ☒ Addition
NAME	HARDEE, CHRIS		NAME	5550 NE 200TH	
STREET ADDRESS	PO BOX 1467		STREET ADDRESS	Williston, FL 32696	Director
CITY-ST-ZIP	CHIEFLAND FL 32644		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	Van Whitehurst	☐ Change ☒ Addition
NAME	WHITEHURST, VERN		NAME	10905 SW SR 45	Treasurer
STREET ADDRESS	RT 1 BOX 400		STREET ADDRESS	Archer, FL 32618	
CITY-ST-ZIP	WILLISTON FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	Sache, Wes	☒ Change ☐ Addition
NAME	SACHE, WES		NAME	13050 NW Hwy 129	Director
STREET ADDRESS	13050 NW US HWY 129		STREET ADDRESS	Chiefland, FL 32696	
CITY-ST-ZIP	CHIEFLAND FL 32696		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	Keene, Leslie	☒ Change ☐ Addition
NAME	KEENE, LESLIE		NAME	P.O. Box 1038	VP
STREET ADDRESS	PO BOX 1038		STREET ADDRESS	Chiefland, FL 32644	
CITY-ST-ZIP	CHIEFLAND FL 32644		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	Arlene Solley	☐ Change ☒ Addition
NAME	QUINCEY, DONALD		NAME	17470 NE SR 121	Director
STREET ADDRESS	PO BOX 1194		STREET ADDRESS	Williston, FL 32696	
CITY-ST-ZIP	CHIEFLAND FL 32644		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 an other like empowered.					
SIGNATURE 				DATE 2-18-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	