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

66405249

MOORE CR2E037 (11/03)

DOCUMENT # 771343

1. Entity Name

LEVY COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
948 E. HATHAWAY AVE. BRONSON FL 32621 US	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 ☐ 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
DAMON, SANDLIN 1/2 NORTH COUNTY RD. 343 WILLISTON FL 32696	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 _____ 2-18-04

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANDLIN, DAMON 18251 NE 60TH ST WILLISTON FL	☐ Delete	Brad Ethridge P.O. Box 426 Williston, Fl 32696	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARDEE, CHRIS PO BOX 1467 CHIEFLAND FL 32644	☒ Delete	Ryan Thomas 5550 NE 200 Ter Williston, Fl 32696 Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WHITEHURST, VE III RT 1 BOX 400 WILLISTON FL	☒ Delete	VAn Whitehurst Sec/Treasure 10905 SW SR 45 Archer, Fl 32618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SACHE, WES 13050 NW US HWY 129 CHIEFLAND FL FL 32696	☐ Delete	Sache, Wes 13050 NW Hwy 129 Chiefland, Fl 32696 Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEENE, LESLIE PO BOX 1038 CHIEFLAND FL 32644	☐ Delete	Keene, Leslie (VP) P.O. Box 1038 Chiefland, Fl 32644	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINCEY, DONALD PO BOX 1194 CHIEFLAND FL 32644	☒ Delete	Arlene Jolley 17470 NE SR 121 Williston, Fl 32696 Director	☐ Change ☒ Addition

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: _____ 2-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #