# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3

**FILED**
**Apr 27, 2005 8:00 am**
**Secretary of State**
03-29-2005 90009 034 ****61.25

DOCUMENT # 771343

1. Entity Name

LEVY COUNTY FARM BUREAU LAA

| Principal Place of Business | Mailing Address |
|---|---|
| 948 E. HATHAWAY AVE.<br>BRONSON FL 32621<br>US | PO BOX 130<br>BRONSON FL 32621<br>US |

1st MOORE CR2E037 (10/04)

| 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<br>1/2 NORTH COUNTY RD. 343<br>WILLISTON FL 32696 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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] 3-23-05
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, 2005**

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<br>SANDLIN, DAMON<br>18251 NE 60TH ST<br>WILLISTON FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Bradley Etheridge-Pres<br>P.O. Box 426<br>Williston, Fl 32696<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMAS, RYAN<br>5550 NE 200 TERR.<br>WILLISTON FL 32696 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Damon Sandlin - Director<br>18261 NE 60th St<br>Williston, Fl 32696<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>WHITEHURST, VAN<br>10905 SW SR 45<br>ARCHER FL 32618 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SACHE, WES<br>13050 NW HWY 129<br>CHIEFLAND FL FL 32696 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>KEENE, LESLIE<br>PO BOX 1038<br>CHIEFLAND FL 32644 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Solley, FDA<br>~~JOLLEY, KEENE~~<br>17470 NE SR 121<br>WILLISTON FL 32696 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ 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: [signature] 4-25-05 352-486-2135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #