

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90110 019 ****61.25

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**

40056100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222006 Chg-NP CR2E037 (11/05)

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ETHERIDGE, BRADLEY
P O BOX 426
WILLISTON, FL 32696** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Damon Sandlin
18251 NE 60th St
Williston, FL 32696** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, RYAN
5550 NE 200 TERR.
WILLISTON, FL 32696** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Rollin Hudson
P.O. Box 502
Chiefland, FL 32644** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHITEHURST, VAN
10905 SW SR 45
ARCHER, FL 32618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAH + Julie Warren
P.O. Box 2782
Chiefland, FL 32644** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SACHE, WES
13050 NW HWY 129
CHIEFLAND FL, FL 32696** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Vince Dean
10350 NE 42nd St
Bronson, FL 32621** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KEENE, LESLIE
PO BOX 1038
CHIEFLAND, FL 32644** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**IDA Sec
SOLLEY, LETA
17470 NE SR 121
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 exemptions contained 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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-06

Date

352-486-2131

Daytime Phone #