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Apr 16, 2007 8:00 am
Secretary of State
03-23-2007 90020 039 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

66009355

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

02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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: Bradley Etheridge Street Address (P.O. Box Number is Not Acceptable): 14431 NE 20th St City: Williston FL Zip Code: 32696

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 _____ 2-28-07
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, 2007

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 Wes Grant 5090 NW 165th St Trenton, Fl 32693	☐ 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 Owen C. Johnson P.O. Box 730 Williston, Fl 32696	☐ 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 Haley Bradford 18350 NE 86th Lane Williston, Fl 32696	☐ 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	S SOLLEY, IDA 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: _____ 2-28-07 352-486-2135
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #