
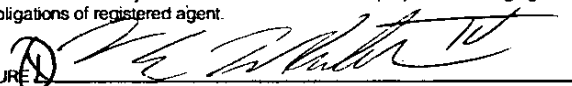
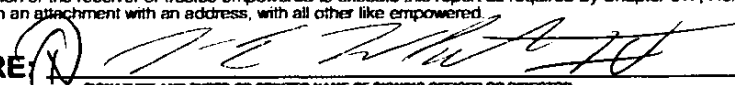


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90386 043 ****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																																																																																																																																																																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																																											
City & State		City & State																																																																																																																																																																											
Zip	Country	Zip	Country																																																																																																																																																																										
6. Name and Address of Current Registered Agent ETHERIDGE, BRADLEY 14431 NE 20TH STREET WILLISTON, FL 32696				7. Name and Address of New Registered Agent Name Van Whitehurst Street Address (P.O. Box Number is Not Acceptable) 10905 S.W. SR 45 Archer, FL City FL Zip Code 32618																																																																																																																																																																									
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>																																																																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																																																									
Make check payable to Florida Department of State																																																																																																																																																																													
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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 04/21/08 Daytime Phone # 352-486-2135																																																																																																																																																																									