

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771343

FILED
Jan 12, 2009
Secretary of State

Entity Name: LEVY COUNTY FARM BUREAU LAA

Current Principal Place of Business:

948 E. HATHAWAY AVE.
BRONSON, FL 32621 US

New Principal Place of Business:

312 EAST PARK AVENUE
CHIEFLAND, FL 32626 US

Current Mailing Address:

PO BOX 130
BRONSON, FL 32621 US

New Mailing Address:

PO BOX 998
CHIEFLAND, FL 32644 US

FEI Number: 59-0762995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITEHURST, VAN
10905 SW SR 45
ARCHER, FL 32618 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ETHERIDGE, BRADLEY
Address: PO BOX 426
City-St-Zip: WILLISTON, FL 32696

Title: D () Delete
Name: JOHNSON, CHAD
Address: PO BOX 730
City-St-Zip: WILLISTON, FL 32696

Title: P () Delete
Name: WHITEHURST, VAN
Address: 10905 S.W. SR 45
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: SACHE, WES
Address: 13050 NW HWY 129
City-St-Zip: CHIEFLAND FL, FL 32696

Title: D () Delete
Name: SANDLIN, DAMON
Address: 18251 NE 60TH ST
City-St-Zip: WILLISTON, FL 32696

Title: S () Delete
Name: HUDSON, ROLLIN
Address: PO BOX 502
City-St-Zip: CHIEFLAND, FL 32644

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VAN WHITEHURST

PRES

01/12/2009

Electronic Signature of Signing Officer or Director

Date