2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790408

FILED Apr 24, 2008 Secretary of State

Entity Name: FLORIDA FARM BUREAU FEDERATION

Current Principal Place of Business: New Principal Place of Business:

% SCOTTIE J BUTLER 5700 SW 34TH STREET 5700 SW 34TH STREET GAINESVILLE, FL 32608 GAINESVILLE, FL 32608

Current Mailing Address: New Mailing Address:

% SCOTTIE J BUTLER PO BOX 147030

5700 SW 34TH STREET GAINESVILLE, FL 326147030 GAINESVILLE, FL 32608

FEI Number: 59-0642950 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUTLER, SCOTTIE J COCKRELL, SR, WM P
5700 SW 34TH STREET 5700 SW 34TH STREET
GAINESVILLE FI US 1521

GAINESVILLE, FL US 1521
GAINESVILLE, FL 32608 US

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: WM. PATRICK COCKRELL, SR. 04/24/2008

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 LOOP, CARL B JR
 Name:
 HOBLICK, JOHN L

 Address:
 5700 SW 34TH ST
 Address:
 5700 SW 34TH ST

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: PV () Delete Title: VD (X) Change () Addition Name: ROTH, RICK ROTH, RICK

 Address:
 232 NW AVE 1ST
 Address:
 232 NW AVE 1ST

 City-St-Zip:
 BELLE GLADE, FL 33430
 City-St-Zip:
 BELLE GLADE, FL 33430

Title: SD () Delete Title: SD (X) Change () Addition Name: HOBLICK, JOHN Name: BYRD, MARK A

Address: 250 WEST RETTA Address: 8286 STONE ROAD City-St-Zip: DE LEON SPRINGS, FL 32130 City-St-Zip: APOPKA, FL 32703

Title: AST () Delete Title: TD (X) Change () Addition

 Name:
 BUTLER, SCOTTIE
 Name:
 DEAS, JON

 Address:
 5700 SW 34TH STREET
 Address:
 5854 NW COUNTY RD 146

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 JENNINGS, FL 32053

Title: () Delete Title: AST () Change (X) Addition

 Name:
 Name:
 COCKRELL, SR, WM P

 Address:
 Address:
 5700 SW 34TH ST

 City-St-Zip:
 City-St-Zip:
 GAINESVILLE, FL 32608

Title: () Delete Title: D () Change (X) Addition

Name: Name: BRYAN, MYRON
Address: Address: 22416 OLD PROVIDENCE ROAD

City-St-Zip: City-St-Zip: ALACHUA, FL 32615

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: WM. PATRICK COCKRELL, SR. AST 04/24/2008