

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790408

FILED
Apr 20, 2009
Secretary of State

Entity Name: FLORIDA FARM BUREAU FEDERATION

Current Principal Place of Business:

5700 SW 34TH STREET
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

PO BOX 147030
GAINESVILLE, FL 326147030

New Mailing Address:

FEI Number: 59-0642950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCKRELL, SR, WM P
5700 SW 34TH STREET
1521
GAINESVILLE, FL 32608 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: PD () Delete
Name: HOBLOCK, JOHN L
Address: 5700 SW 34TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: ROTH, RICK
Address: 232 NW AVE 1ST
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: BYRD, MARK A
Address: 8286 STONE ROAD
City-St-Zip: APOPKA, FL 32703

Title: TD () Delete
Name: DEAS, JON
Address: 5854 NW COUNTY RD 146
City-St-Zip: JENNINGS, FL 32053

Title: AST () Delete
Name: COCKRELL, SR, WM P
Address: 5700 SW 34TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BRYAN, MYRON
Address: 22416 OLD PROVIDENCE ROAD
City-St-Zip: ALACHUA, FL 32615

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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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: WM PATRICK COCKRELL

AST

04/20/2009

Electronic Signature of Signing Officer or Director

Date