

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790420

FILED
Jan 05, 2004
Secretary of State

Entity Name: VOLUSIA COUNTY FARM BUREAU LAA

Current Principal Place of Business:

3090 E. NEW YORK AVE.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

3090 E. NEW YORK AVE.
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-0943254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HESTER, BILL G.
4455 CAVE LAKE ROAD
DELEON SPRINGS, FL 32130 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: FIESER, GERALD
Address: PO BOX 2004
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D () Delete
Name: LOADHOLTZ, LARRY
Address: 3775 GOLDEN HILLS BLVD
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D () Delete
Name: HOBlick, JOHN
Address: P.O. BOX 1976
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D () Delete
Name: HESTER, BILL G.
Address: 4455 CAVE LAKE ROAD
City-St-Zip: DELEON SPRINGS, FL

Title: T () Delete
Name: MCDONALD, WILLIAM
Address: 4030 CRESTRIDGE RD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: GREENLAND, BOBBY
Address: PO BOX 242
City-St-Zip: PIERSON, FL 32180

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:

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Address:
City-St-Zip:

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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 for the exemption stated in Section 119.07(3)(i), 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: BILL G. HESTER

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date