

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790420

FILED  
Jan 03, 2006  
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: PETERSON, DANNY  
Address: PO BOX 1870  
City-St-Zip: DELAND, FL 32721

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:

Title: ( ) Change ( ) Addition  
Name:  
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 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: BILL G. HESTER

EXDR

01/03/2006

Electronic Signature of Signing Officer or Director

Date