

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90020 034 ****61.25

DOCUMENT # 790439

1. Entity Name

COLLIER COUNTY FARM BUREAU LAA



Principal Place of Business

5278 GOLDEN GATE PARKWAY
SUITE #1
NAPLES FL 34116

Mailing Address

5278 GOLDEN GATE PARKWAY
SUITE #1
NAPLES FL 34116



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6177720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOCKER, JR., CURTIS
5278 GOLDEN GATE PARKWAY STE #1
NAPLES FL 34116

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

[Signature]

Signature, typed or printed name

Registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BLOCKER, GINA
STREET ADDRESS 1404 LEMON TREE DRIVE
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE *PT* ☐ Delete
NAME SPIRES, JAMES
STREET ADDRESS PO BOX 1048
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE D ☐ Delete
NAME DORIA, MIKE
STREET ADDRESS PO BOX 8266
CITY-ST-ZIP NAPLES FL 34101

TITLE D ☐ Delete
NAME CREWS, FLOYD
STREET ADDRESS P.O. BOX 610
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE *VP* ☐ Delete
NAME JOHNSON, JACK
STREET ADDRESS PO BOX 5003
CITY-ST-ZIP IMMOKALEE FL 34143

TITLE *500* ☐ Delete
NAME PRIDDY, ALLESA
STREET ADDRESS PO BOX 930
CITY-ST-ZIP IMMOKALEE FL 34143

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

3/20/06

863-675-2535

Date

Daytime Phone #