2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 790439

1. Entity Name
COLLIER COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
5278 GOLDEN GATE PARKWAY SUITE #1 NAPLES, FL 34116	5278 GOLDEN GATE PARKWAY SUITE #1 NAPLES, FL 34116

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01102007 No Chg-NP CR2E037 (4/06)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLOCKER, GINA
STREET ADDRESS	1404 LEMON TREE DRIVE
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	T
NAME	SPIRES, JAMES
STREET ADDRESS	PO BOX 1048
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	D
NAME	DORIA, MIKE
STREET ADDRESS	PO BOX 8266
CITY-ST-ZIP	NAPLES, FL 34101
TITLE	D
NAME	CREWS, FLOYD
STREET ADDRESS	P.O. BOX 610
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	VP
NAME	JOHNSON, JACK
STREET ADDRESS	PO BOX 5003
CITY-ST-ZIP	IMMOKALEE, FL 34143
TITLE	S
NAME	PRIDDY, ALLESA
STREET ADDRESS	PO BOX 930
CITY-ST-ZIP	IMMOKALEE, FL 34143

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04/10/07-80040-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Curtis Blocker Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #