

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790439

FILED
Apr 21, 2009
Secretary of State

Entity Name: COLLIER COUNTY FARM BUREAU LAA

Current Principal Place of Business:

1011 W MAIN ST STE 2
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1011 W MAIN ST STE 2
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 59-6177720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCKER, JR., CURTIS
1011 W MAIN ST STE 2
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

BLOCKER,, GINA
1011 W MAIN ST STE 2
IMMOKALEE, FL 34142 US

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: GINA BLOCKER

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLOCKER, GINA
Address: 1404 LEMON TREE DRIVE
City-St-Zip: IMMOKALEE, FL 34143

Title: T () Delete
Name: SPIRES, JAMES
Address: PO BOX 1048
City-St-Zip: IMMOKALEE, FL 34142

Title: D () Delete
Name: HOWARD, HUEY
Address: POB 154
City-St-Zip: IMMOKALEE, FL 34143

Title: D () Delete
Name: CREWS, FLOYD
Address: P.O. BOX 610
City-St-Zip: IMMOKALEE, FL 34143

Title: VP () Delete
Name: JOHNSON, JACK
Address: PO BOX 5003
City-St-Zip: IMMOKALEE, FL 34143

Title: S () Delete
Name: PRIDDY, ALLESA
Address: PO BOX 930
City-St-Zip: IMMOKALEE, FL 34143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLOCKER, GINA
Address: 1404 LEMON TREE DRIVE
City-St-Zip: IMMOKALEE, FL 34143

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: S (X) Change () Addition
Name: PRIDDY, RUSSELL
Address: PO BOX 930
City-St-Zip: IMMOKALEE, FL 34143

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: GINA BLOCKER

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date