## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Percepting Prace of Business Maining Address Source April Prace of Business Source April # eff. Source Ap	DOCUMENT # 790440 1. Entity Name MARION COUNTY FARM BUREAU, LAA						<b>Secretary of State</b> 04-22-2004 90013 036 ****61.25				
Suite, Ap. 4, etc.     Suite, Ap. 4, etc.     2002, Ap. 4     2002, ChgNP     CR2E3037 (10/03)       City A State     City A State     A Fill Number 5 - State     A polied for No A capacity       Zip     Country     Zip     Country     A Certificator of Status Destated     Stat. 7 Automatication       Zip     Country     Zip     Country     A Certificator of Status Destated     Stat. 7 Automatication       Zip     Country     Zip     Country     A Certificator of Status Destated     Stat. 7 Automatication       VERMILLION, JEFF     2951 E HWY 318     State Address of New Registered Agent     Name       City     FL     Zip Code       City     FL     Zip Code       A. The above named entity stat/hile this datavanue for the purpose of changing its registered digent, of both, in the State Of Porida. I un fermitier with, and acceptate the displanted digent of migrater digent digent and the residuation of registered agent.       SIGNATURE     State St	5800 S W 20 TH STREET 5800 S W 20 TH STREET					L HURTH (BOID HUILI D	UTA DETTI DIAN CON DIA	Ti kan aka ken ken ken k	(14 <b>11 () (36</b> )		
City & State       Oity & State       A FEINUTURE       Concept       Mapping Tor         Zip       Country       Zip       Country       State       Mapping Tor         Zip       Country       Zip       Country       State       Mapping Tor         A. Mann and Address of Current Registered Agent       7. Name and Address of Kerre Registered Agent       7. Name and Address of Kerre Registered Agent       State Address of Kerre Registered Agent         VERMILLION.UEFF       State Address of Current Registered Agent       Name       Name       State Address of Kerre Registered Agent         Zep       City & State       Name       Name       Name and Address of Kerre Registered Agent       Name         Zep (City & State       Name       State Address of Kerre Registered Agent       Name       State Address of Kerre Registered Agent       Address of Kerre Registered Agent       Name       State Address of Kerre Registered Agent <td< td=""><td colspan="3">2. Principal Place of Business 3. N</td><td colspan="3">J. Mailing Address</td><td></td><td></td><td></td><td></td></td<>	2. Principal Place of Business 3. N			J. Mailing Address							
Chy & Galas     Say Country     Say	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02032004 Ch	g-NP (	CR2E037 (10/03)			
Build of the second seco	City & State	3	City & State				50.0074500				
VERMILLION, JEFF       Street Address (P.O. Box Number is Not Acceptable)         2651 E HWY 318       Citra, F.L. 32113         Citry       FL       Zip Code         City       FL       Zip Code         Citry       FL       Zip Code         SiGNATURE       Application for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the oblighteen Agent spann register when installing       DMI         SiGNATURE       FL       200 Conception familiary with and accept the oblighteen Agent spann registered agent.       Make check payable to Florida. Tam familiar with, and accept the oblighteen Agent spann registered agent.         Mile       FL       200 Conception familiary with spann registered agent.       Make check payable to Florida. Tam familiar with, and accept the oblighteen Agent spann registered agent.         Mile       VPD       Int E       Application familiary with spann registered agent.       Make check payable to Florida. Tam familiary with add accept the oblighteen Agent spann registered agent.         Mile       VPD       Int E       Applithorny checks to Florida. To Conge Effectie	Zip	Country Zīp			Country		5. Certificate of Status Desired Fee Required				
VERMILLION, JEFF         2851 E HWY 318         City       FL       Zip Code         City       FL       Zip Code         6. The above named endy submits the statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I on familiar with, and accept the doligations of registered agent, or both, in the State of Fiorida. I on familiar with, and accept the doligations of registered agent.         SIGNATURE	6. Name and Address of Current Registered Agent										
A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept be obligations of registered agent.     Stephane, typed or printe name of registered agent of the registered agent, or both, in the State of Florida. I am familiar with, and accept be obligations of registered agent.     Stephane, typed or printe name of registered agent of the registered agent, or both, in the State of Florida. I am familiar with, and accept be obligations of registered agent.     Stephane, typed or printe name of registered agent of the registered agent, or both, in the State of Florida. I am familiar with, and accept be obligations of registered agent.     Stephane, typed or printe name of registered agent of the registered agent, or both, in the State of Florida. I am familiar with, and accept be obligations of registered agent.     State of the state of the registered agent of the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida.     State of the state of the registered agent, or both, in the State of Florida. I am familiar with, and accept the registered agent, or both, in the State of Florida.     State of the state of the registered agent, or both, in the State of Florida.     State of the state of the registered agent, or both, in the State of Florida.     State of the state of the state of the registered agent, or both, in the State of Florida.     State of the state of the state of the registered agent, or both, in the state of the registered agent, or both, in the State of Florida.     State of the state of the state of the state of the registered agent, or both, in the State of the stat	2951 E HWY 318										
the obligations of registered agent.   SIGNATURE   Summer, typed or printed name of registered agent or the 2 applicable.   POINT: Roy agents.   POINT: Roy agents.   OPTE: Roy dama agent a						City FL Zip Code					
Deterministication dependent title Frequencial     DATE       Filling Fee is \$61.25 Due by May 1, 2004     Marke check payable to Trust Fund Contribution.       Selection Comparing Financing Trust Fund Contribution.     Marke check payable to Prorida Department of State       10.     OFFICERS AND DIFECTORS     Marke check payable to Trust Fund Contribution.       Marke check payable to Trust Fund Contribution.     Marke check payable to Prorida Department of State       10.     OFFICERS AND DIFECTORS     Marke check payable to Trust Fund Control       Market check payable to Trust Fund Control     Market check payable to Prorida Department of State       Intel Colspan="2">Checket payable to Trust Fund Control     Market check payable to Trust Fund Control       Intel Debate     Trust Fund Control     Market check payable to Prorida Department of State       Intel Debate     Trust Fund Control     Market check payable to Prorida Department of State       Intel Debate     Trust Fund Control     Market Colspan="2">Change Defactor       Intel Debate     Trust Fund Control     Debate     Trust Fund Control       Intel Debate     Trust Fund Control     Deb											
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CITY-ST-ZP OCALA, FL 34480 12. I hereby certify that the information supplied with this filing does not qualify 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 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 tke empowered.		2850 N.W. 100TH STREET OCALA, FL			CITY-ST	NODRESS 213	rad Nm 11	1 3266°	7	Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 tike empowered.	ΠΤLΕ	2850 N.W. 100TH STREET OCALA, FL TD		Delete ·	כודץ-ST זדונ	NODRESS 213	Canopy Fi	<u>L 3266</u>	7 Change	Addition	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that i am an onlicer or onrector 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 tke empowered.	TITLE NAME STREET ADORESS	2850 N.W. 100TH STREET OCALA, FL TD LEWIS, D A JR 2930 SE 41ST PLACE		Delete ·	City-St Title Name Street	NODRESS 213 -ZIP 10 D Kay NODRESS 177	Canopy Fi	<u>1907</u> <u>13266</u> 151.RD	7 Change	Addition	
SIGNATURE: TOUL NORM, Sec. 4/20/4 (352)622-4/88	TITLE NAME STREET ADORESS CITY-ST-ZIP	2850 N.W. 100TH STREET OCALA, FL TD LEWIS, D A JR 2930 SE 41ST PLACE OCALA, FL 34480	th this filling		CITY-ST TITLE NAME STREET CITY-ST	NDORESS 213 -ЛР ЛП Р NDORESS САНО Р ГЛР ОС	icanopy Fi icanopy Fi be Martin 20 58 952 Klaunha F	$\frac{3366}{15100000000000000000000000000000000000$	uther certify that the	information	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR Daytime Phone #	TITLE NAME STREET ADORESS CITY-ST-ZIP	2850 N.W. 100TH STREET OCALA, FL TD LEWIS, D A JR 2930 SE 41ST PLACE OCALA, FL 34480	th this filing is true and a powered to with all oth		CITY-ST TITLE NAME STREET CITY-ST	NDORESS 213 -ЛР ЛП Р NDORESS САНО Р ГЛР ОС	icanopy Fi icanopy Fi be Martin 20 58 952 Klaunha F	ASC. B3266 Statutes. I fi I made under oal id that my name a	uther certify that the	information	

## FILED Apr 22, 2004 8:00 am Secretary of State

Additions Attachment 7910440 54038644

D Ron Cannon 11801 5W 180th au Dunnellon FL 34432

> D Scott Seiler 3030 NE 7019 St. Ocala FL 34474