

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790440

FILED
Mar 10, 2008
Secretary of State

Entity Name: MARION COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

5800 S W 20 TH STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

5800 S W 20 TH STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-0674589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFER, CHARLIE
1856 NE 40TH ST
OCALA, FL 34479 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: D () Delete
Name: KUNZ, AL
Address: 10850 NE COUNTY RD #315
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: VERMILLION, JEFF
Address: 2951 E HWY 318
City-St-Zip: CITRA, FL 32113

Title: D () Delete
Name: BARBER, RICHARD
Address: 2940 W S.S. BLVD
City-St-Zip: OCALA, FL

Title: SD () Delete
Name: DAILEY, TODD
Address: 1420 SE 10TH AVE
City-St-Zip: OCALA, FL

Title: D () Delete
Name: BEST, ERIN
Address: 17022 SE 140TH AVE.
City-St-Zip: WEIRSDALE, FL 32195

Title: TD () Delete
Name: LEWIS, D A JR
Address: 2930 SE 41ST PLACE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: REESE, CHRIS
Address: 4407 NE 12TH STREET
City-St-Zip: OCALA, FL 34470

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KUNZ, AL
Address: 10850 NE COUNTY ROAD 315
City-St-Zip: FT. MCCOY, FL 32134

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 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: CHRIS REESE

V.P.

03/10/2008

Electronic Signature of Signing Officer or Director

Date