

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 23, 2004 08:00 AM  
Secretary of State

DOCUMENT # 790443

1. Entity Name

JACKSON COUNTY FARM BUREAU LAA



Principal Place of Business

4442 LAFAYETTE STREET  
MARIANNA FL 32446

Mailing Address

4442 LAFAYETTE STREET  
MARIANNA FL 32446-3424  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0711690

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

PITTMAN, JEFFERY  
3980 WINTERGREEN ROAD  
GREENWOOD FL 32443

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
Due By May 1, 2004

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 P  
NAME PITTMAN, JEFFREY ☐ Delete  
STREET ADDRESS 4442 LAFAYETTE ST  
CITY - ST - ZIP GREENWOOD FL 32443

TITLE STD  
NAME FLOYD, HANK ☐ Delete  
STREET ADDRESS 5881 OLD US ROAD  
CITY - ST - ZIP MALONE FL 32445

TITLE V  
NAME BRANCH, JASON ☐ Delete  
STREET ADDRESS 7378 SHADY GROVE ROAD  
CITY - ST - ZIP GRAND RIDGE FL

TITLE D  
NAME SHIVER, JERRY ☐ Delete  
STREET ADDRESS 450 TRI-COUNTY RD  
CITY - ST - ZIP GRACEVILLE FL 32440

TITLE D  
NAME CALLOWAY, JAME ☐ Delete  
STREET ADDRESS 4637 HWY 2  
CITY - ST - ZIP MALONE FL 32445

TITLE D  
NAME MCMILLAN, L.E. JR ☐ Delete  
STREET ADDRESS 7130 GREEN RD  
CITY - ST - ZIP SNEADS FL 32460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000060986  
02/23/04-80059-022 61.25

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Jeffrey Pittman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-04

(850) 482-5751