2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State
03-12-2008 90035 038 ****61.25

DOCUMENT # **790443**

1. Entity Name

JACKSON COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
4379 LAFAYETTE ST MARIANNA FL 32446	4379 LAFAYETTE ST MARIANNA FL 32446 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E037 (10/07)

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 resigning) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	PITTMAN, JEFFRERY	NAME	Gordon Dietrich Existing
STREET ADDRESS	4442 LAFAYETTE ST	STREET ADDRESS	1978 Hwy 2
CITY-ST-ZIP	GREENWOOD FL 32443	CITY-ST-ZIP	Graceville, FL. 32440
TITLE	STD ☐ Delete	TITLE	VP ☑ Change ☐ Addition
NAME	FLOYD, HANK	NAME	Floyd, Hank
STREET ADDRESS	5881 OLD US ROAD	STREET ADDRESS	5881 Old U.S. Road
CITY-ST-ZIP	MALONE FL 32445	CITY-ST-ZIP	Malone, FL. 32445
TITLE	V ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	BRANCH, JASON	NAME	Branch, Jason
STREET ADDRESS	7378 SHADY GROVE ROAD	STREET ADDRESS	7378 Shady Grove Road
CITY-ST-ZIP	GRAND RIDGE FL	CITY-ST-ZIP	Grand Ridge, FL. 32442
TITLE	D ☐ Delete	TITLE	S/T ☑ Change ☐ Addition
NAME	CRAWFORD, JEFF	NAME	Crawford, Jeff
STREET ADDRESS	2542 INDIAN SPRINGS ROAD	STREET ADDRESS	2542 Indian Springs Rd.
CITY-ST-ZIP	MARIANNA FL 32446	CITY-ST-ZIP	Marianna, FL. 32446
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	CALLOWAY, JAME	NAME	Walter L. McKeithan Existing
STREET ADDRESS	4637 HWY 2	STREET ADDRESS	2283 Auburn Lane
CITY-ST-ZIP	MALONE FL 32445	CITY-ST-ZIP	Grand Ridge, FL. 32442
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	THOMAS, LELAND	NAME	Michael L. Thompson Existing
STREET ADDRESS	2953 DANIELS ST	STREET ADDRESS	3878 Thompson Rd
CITY-ST-ZIP	MARIANNA FL 32946	CITY-ST-ZIP	Marianna, FL. 32448

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jeffery C Pittman 3-5-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR