

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

4379 LAFAYETTE ST
MARIANNA FL 32446

Mailing Address

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 is required when reconstituting)

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
NAME	PITTMAN, JEFFERY	
STREET ADDRESS	4442 LAFAYETTE ST	
CITY- ST- ZIP	GREENWOOD FL 32443	
TITLE	STD	☐ Delete
NAME	FLOYD, HANK	
STREET ADDRESS	5881 OLD US ROAD	
CITY- ST- ZIP	MALONE FL 32445	
TITLE	V	☐ Delete
NAME	BRANCH, JASON	
STREET ADDRESS	7378 SHADY GROVE ROAD	
CITY- ST- ZIP	GRAND RIDGE FL	
TITLE	D	☐ Delete
NAME	CRAWFORD, JEFF	
STREET ADDRESS	2542 INDIAN SPRINGS ROAD	
CITY- ST- ZIP	MARIANNA FL 32446	
TITLE	D	☐ Delete
NAME	CALLOWAY, JAME	
STREET ADDRESS	4637 HWY 2	
CITY- ST- ZIP	MALONE FL 32445	
TITLE	D	☐ Delete
NAME	THOMAS, LELAND	
STREET ADDRESS	2953 DANIELS ST	
CITY- ST- ZIP	MARIANNA FL 32946	

TITLE	D	☐ Change ☐ Addition
NAME	Gordon Dietrich	Existing
STREET ADDRESS	1978 Hwy 2	
CITY- ST- ZIP	Graceville, FL. 32440	
TITLE	VP	☒ Change ☐ Addition
NAME	Floyd, Hank	
STREET ADDRESS	5881 Old U.S. Road	
CITY- ST- ZIP	MALONE, FL. 32445	
TITLE	D	☒ Change ☐ Addition
NAME	Branch, Jason	
STREET ADDRESS	7378 Shady Grove Road	
CITY- ST- ZIP	Grand Ridge, FL. 32442	
TITLE	S/T	☒ Change ☐ Addition
NAME	Crawford, Jeff	
STREET ADDRESS	2542 Indian Springs Rd.	
CITY- ST- ZIP	MARIANNA, FL. 32446	
TITLE	D	☐ Change ☐ Addition
NAME	Walter L. McKeithan	Existing
STREET ADDRESS	2283 Auburn Lane	
CITY- ST- ZIP	Grand Ridge, FL. 32442	
TITLE	D	☐ Change ☐ Addition
NAME	Michael L. Thompson	Existing
STREET ADDRESS	3878 Thompson Rd	
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
Jeffery C Pittman

3-5-08