

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790443

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** JACKSON COUNTY FARM BUREAU LAA

**Current Principal Place of Business:**

4379 LAFAYETTE ST  
MARIANNA, FL 32446

**New Principal Place of Business:**

**Current Mailing Address:**

4379 LAFAYETTE ST  
MARIANNA, FL 32446 US

**New Mailing Address:**

**FEI Number:** 59-0711690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PITTMAN, JEFFERY  
6429 LOVEDALE ROAD  
BASCOM, FL 32423 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: VP  
Name: FLOYD, WILLAM H  
Address: 5881 OLD US ROAD  
City-St-Zip: MALONE, FL 32445

Title: SEC  
Name: CRAWFORD, JEFFERY  
Address: 2542 INDIAN SPRINGS ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: D  
Name: GLASS, MACK  
Address: 1525 FAIRVIEW ROAD  
City-St-Zip: MARIANNA, FL 32446

Title: D  
Name: DIETRICH, GORDAN  
Address: 1987 HIGHWAY 2  
City-St-Zip: GRACEVILLE, FL 32440

Title: D  
Name: THOMAS, LELAND  
Address: 2953 DANIELS STREET  
City-St-Zip: MARIANNA, FL 32446

Title: D  
Name: THOMPSON, MICHAEL  
Address: 3878 THOMPSON RD  
City-St-Zip: MARIANNA, FL 32448

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY PITTMAN

PRES

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date