

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90154 002 ****61.25

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 *Jeffery C Pittman*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1-21-03*

FILE NOW: FEE IS \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PITTMAN, JEFFREY	4442 LAFAYETTE ST	GREENWOOD FL 32443	<input type="checkbox"/>
STD	FLOYD, HANK	5881 OLD US ROAD	MALONE FL 32445	<input type="checkbox"/>
V	BRANCH, JASON	7378 SHADY GROVE ROAD	GRAND RIDGE FL	<input type="checkbox"/>
D	SHIVER, JERRY	450 TRI-COUNTY RD	GRACEVILLE FL 32440	<input type="checkbox"/>
D	CALLOWAY, JAME	4637 HWY 2	MALONE FL 32445	<input type="checkbox"/>
D	MCMILLAN, L.E. JR	7130 GREEN RD	SNEADS FL 32460	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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

1-21-03