



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90081 039 \*\*\*\*61.25

<b>DOCUMENT # 790447</b> 1. Entity Name <b>LEE COUNTY FARM BUREAU, LAA.</b>					
Principal Place of Business <b>14180 METROPOLIS AVE SUITE 1 FORT MYERS, FL 33912</b>			Mailing Address <b>14180 METROPOLIS AVE SUITE 1 FORT MYERS, FL 33912</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		01072004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>59-1110069</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOWDY, J PARK 14320 CEMETARY RD FORT MYERS, FL 33905</b>			7. Name and Address of New Registered Agent Name <b>Kent Kelley</b> Street Address (P.O. Box Number is Not Acceptable) <b>6901 Hendry Creek Dr.</b> City <b>Fort Myers</b> FL Zip Code <b>33908</b>		
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 <u><i>Kent Kelley</i></u> <small>Signature, typed or printed name of registered agent and not applicable.</small>			DATE <u>1/14/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SHANE 5400 BUCKINGHAM RD. FORT MYERS, FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Parker, Shane 5400 Buckingham Rd. Fort Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHON, ROBERT E. JR. 8500 PENZANCE BLVD. FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/H Eckert, Tim 3434 Hancock Bridge Pkwy Ste 200B N. Fort Myers, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, GEORGE T JR 17060 E LAKE DRIVE NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kent Kelley 6901 Hendry Creek Dr. Fort Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMAHON, SHELLY D 8500 PENZANCE BLVD. FT. MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Voellinger, Richard 821 Sunset Vista Dr. Fort Myers, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NYCHYK JR., ANDREW J. 6944 OLD WHISKEY CREEK DR FORT MYERS, FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nychyk Jr., Andrew J. 6944 Old Whiskey Creek Dr. Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWDY, J. PARK 14320 CEMETARY ROAD FORT MYERS, FL 33905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dowdy, J. Park 14320 Cemetery Road Fort Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Kent Kelley</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1/14/04</u> 239-561-5100 <small>Date Daytime Phone #</small>		