

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 790447

1. Entity Name
LEE COUNTY FARM BUREAU, LAA.



Principal Place of Business
**14180 METROPOLIS AVE
SUITE 1
FORT MYERS, FL 33912**

Mailing Address
**14180 METROPOLIS AVE
SUITE 1
FORT MYERS, FL 33912**



01252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1110069

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KELLEY, KENT
6901 HENDRY CREEK DR
FORT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	PARKER, SHANE
STREET ADDRESS	5400 BUCKINHAM RD.
CITY-ST-ZIP	FORT MYERS, FL 33805
TITLE	D
NAME	MCAHON, ROBERT E. JR.
STREET ADDRESS	8500 PENZANCE BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	HAWKINS, GEORGE T JR
STREET ADDRESS	17060 E LAKE DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	MCAHON, SHELLY D
STREET ADDRESS	8500 PENZANCE BLVD.
CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	D
NAME	NYCHYK JR., ANDREW J.
STREET ADDRESS	6944 OLD WHISKEY CREEK DR
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	D
NAME	DOWDY, J. PARK
STREET ADDRESS	14320 CEMETARY ROAD
CITY-ST-ZIP	FORT MYERS, FL 33905

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01/29/05-80060-024 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Shelly D. McMahon* Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-05 239-561-5100

Date

Daytime Phone #