2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790447

FILED Jaņ 0<u>9, 2</u>008 Secretary of State

Entity Name: LEE COUNTY FARM BUREAU, LAA.

Current Principal Place of Business: New Principal Place of Business:

14180 METROPOLIS AVE SUITE 1 FORT MYERS, FL 33912

New Mailing Address: Current Mailing Address:

14180 METROPOLIS AVE SUITE 1 FORT MYERS, FL 33912

FEI Number: 59-1110069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCMAHON, SHELLY D SEC. ESPINOSA, VERONICA SEC. 8500 PENZÁNCE BLVD 1014 SE 5TH ST FORT MYERS, FL 33912 CAPE CORAL, FL 33990 US US

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: VERONICA ESPINOSA 01/09/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition PARKER, SHANE PARKER, SHANE Name: Name:

5400 BUCKINHAM RD. Address: 13500 PEACE RD Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

() Delete Title: Title: (X) Change () Addition

NYCHYK JR., ANDREW J. Name: Name: ECKERT, TIM

Address: 6944 OLD WHISKEY CREEK DR Address: 6490 SOUTH POINTE BLVD City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33919

Title: () Delete Title: (X) Change () Addition

DOWDY, J. PARK Name: KELLY, KENT Name:

14320 CEMETARY ROAD 6901 HENDRY CREEK DRIVE Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIM ECKERT D 01/09/2008