2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# 790479

Entity Name: COLUMBIA COUNTY FARM BUREAU LAA.

Current Principal Place of Business:

605 SW SR 47
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

605 SW SR 47
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 59-1082806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, CHARLIE H
1833 SW FARNELL RD
LAKE CITY, FL 32024 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:	P	( ) Delete
Name:	CRAWFORD, CHARLIE H	
Address:	1833 SW FARNELL RD	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	MOSELEY, LAMAR	
Address:	1038 SW CR 18	
City-St-Zip:	FT. WHITE, FL 32038	
Title:	V	( ) Delete
Name:	KING, RANDY	
Address:	1553 SW KING ST.	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	S	( ) Delete
Name:	TERRY, JAMES I.	
Address:	8842 SW SR 47	
City-St-Zip:	LAKE CITY, FL 32024	
Title:	D	( ) Delete
Name:	TOWNSEND, W. H.	
Address:	477 NW HUNTSVILLE CHURCH RD.	
City-St-Zip:	LAKE CITY, FL 32055	
Title:	D	( ) Delete
Name:	JONES, RICHARD	
Address:	1206 SW WENDY TER.	
City-St-Zip:	LAKE CITY, FL 32025	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LAURA S. RUSS AA 01/07/2008
Electronic Signature of Signing Officer or Director — Date