

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790479

FILED  
Feb 05, 2009  
Secretary of State

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: ROGER S PARISH

OM

02/05/2009

Electronic Signature of Signing Officer or Director

Date