

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790484

FILED
Jan 04, 2005
Secretary of State

Entity Name: PINELLAS COUNTY FARM BUREAU LAA.

Current Principal Place of Business:

1165 LAKEVIEW RD
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1165 LAKEVIEW RD
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-0792529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHCRAFT, SIDNEY
2263 GLENMOOR RD NORTH
CLEARWATER, FL 33764 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: S () Delete
Name: MILLER, RICHARD
Address: 18200 US 19 N
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: HUTCHCRAFT, SIDNEY
Address: 2263 GLENMOOR RD NORTH
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: RICHARD, CARROLL
Address: 4950 38TH AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: MCKEON, TOM
Address: 11122 137TH ST
City-St-Zip: LARGO, FL 33774

Title: D () Delete
Name: DORT, PRENTICE
Address: 304 BAMBOO LANE
City-St-Zip: HARBOR BLUFF, FL 33770

Title: T () Delete
Name: PETTY, FRED
Address: 2233 KINGFISHER LANE
City-St-Zip: CLEARWATER, FL 33762

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
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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 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 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: SIDNEY HUTCHCRAFT

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date