



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90081 012 ****61.25

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|--|--|---|--|--|--|
| DOCUMENT # 790484 1. Entity Name PINELLAS COUNTY FARM BUREAU LAA. | | | |  | |
| Principal Place of Business 1165 LAKEVIEW RD CLEARWATER, FL 33756 US | | | Mailing Address 1165 LAKEVIEW RD CLEARWATER, FL 33756 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip | | City & State Zip | | 03192008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-0792529 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HUTCHCRAFT, SIDNEY 2263 GLENMOOR RD NORTH CLEARWATER, FL 33764 | | | 7. Name and Address of New Registered Agent Name Richard Carroll Street Address (P.O. Box Number is Not Acceptable) 4950-38th Ave No. City St. Petersburg FL Zip Code 33710 | | |
| 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 <u><i>Richard C. Carroll</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | DATE <u>4/16/08</u> <small>(NOTE: Registered Agent signature required when reissuing)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SECKLER, GREG 525 8TH AVE SE LARGO, FL 33771 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/O Richard Carroll 4950-38th Ave No. St. Petersburg, FL 33710 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUTCHCRAFT, SIDNEY 2263 GLENMOOR RD NORTH CLEARWATER, FL 33764 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Sydney Hutchcraft 2263- Glenmoore Rd N. Clearwater FL 33764 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CARROLL, RICHARD 4950 38TH AVE N. SAINT PETERSBURG, FL 33710 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/O David Cormier 4478- Great Lakes Dr. S. Clearwater, FL 33762 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FOUSHEE, DAVID 7143 HARBORVIEW LN SEMINOLE, FL 33776 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Don. Bittling 13911-105th Terrace No Largo, FL 33774 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DORT, PRENTICE 304 BAMBOO LANE HARBOR BLUFF, FL 33770 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Jack Bowman 141- NW Madison Cr. No. St. Petersburg, FL 33702 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PETTY, FRED 2233 KINGFISHER LANE CLEARWATER, FL 33762 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D David Kudelko 2340- Kings Pt. Dr. Largo, FL 33774 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Richard C. Carroll</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE <u>4/16/08</u> DAYTIME PHONE # <u>727-466-6390</u> | | |