

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790528

FILED
Apr 26, 2005
Secretary of State

Entity Name: SEMINOLE COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

4195 N US HWY 1792
SANFORD FLA, 32773

New Principal Place of Business:

142 W. S.R. 434
WINTER SPRINGS, FL 32708

Current Mailing Address:

P.O. BOX 917191
LONGWOOD, FL 327797191 US

New Mailing Address:

FEI Number: 59-0860077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISTLINE, FRED W.
650 E BAY AVE
LONGWOOD, FL 32752 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: YARBOROUGH, IMOGENE,
Address: P.O. BOX 65 N/A
City-St-Zip: GENEVA, FL 32732

Title: D () Delete
Name: BISTLINE, FRED,
Address: 650 E. BAY AVENUE
City-St-Zip: LONGWOOD, FL 32752

Title: D () Delete
Name: HAMMOND, RUSSELL,
Address: 348 E. EVERGREEN
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: PILOIAN, BILLY,
Address: 585 W CHURCH AVE
City-St-Zip: LONGWOOD, FL 32732

Title: D () Delete
Name: MALOY, GRANT
Address: 4875 GABRIELLA LN
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: BABBITT, DALE
Address: 1750 STONE STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: IMOGENE YARBOROUGH

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date