

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790528

FILED
Mar 23, 2009
Secretary of State

Entity Name: SEMINOLE COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

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

New Principal Place of Business:

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:

ARCHEY, CLAY
142 W. S.R. 434
WINTER SPRINGS, FL 32708 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: TREA () 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: THOMAS, REGINA,
Address: 57 EAST THIRD STREET
City-St-Zip: APOPKA, FL 32712

Title: P () Delete
Name: ARCHEY, CLAY,
Address: 1265 LITARD KNOT CREEK TRAIL
City-St-Zip: OVIEDO, FL 32765 85

Title: V () Delete
Name: CLONTS, W. REX JR.
Address: 2702
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: DOUGLASS, SPENCER,
Address: 266 TORPOINT GATE RD.
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: YARBOROUGH, IMOGENE,
Address: P.O. BOX 65 N/A
City-St-Zip: GENEVA, FL 32732

Title: D (X) Change () Addition
Name: CECIL TUCKER,
Address: P. O. BOX 345
City-St-Zip: CHRISTMAS, FL 32709

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: D (X) Change () Addition
Name: J. W. YARBOROUGH,
Address: P. O. BOX 530
City-St-Zip: GENEVA, FL 32732

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: CLAY ARCHEY

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date