

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790528

FILED
Apr 11, 2012
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 585694
ORLANDO, FL 32858

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:

YARBOROUGH, J W
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
Name: YARBOROUGH, IMOGENE
Address: P.O. BOX 65
City-St-Zip: GENEVA, FL 32732

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

Title: D
Name: ERIN ARCHEY
Address: 1740 REBEL RUN
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: ARCHEY, CLAY
Address: 1740 REBEL RUN
City-St-Zip: OVIEDO, FL 32765

Title: V
Name: CLONTS, W. REX JR.
Address: 6265 LAKE CHARM CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: P
Name: J. W. YARBOROUGH
Address: P. O. BOX 530
City-St-Zip: GENEVA, FL 32732

I hereby 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 all other like empowered.

SIGNATURE: IMOGENE YARBOROUGH

TREA

04/11/2012

Electronic Signature of Signing Officer or Director

Date