


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90039 003 ****61.25

DOCUMENT # 790560 1. Entity Name BRADFORD COUNTY FARM BUREAU LAA					
Principal Place of Business 2270 N. TEMPLE AVE. STARKE, FL 32091			Mailing Address 2270 N. TEMPLE AVE. STARKE, FL 32091		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6177717	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GASKINS, JAMES W. RT. 2, BOX 2095 STARKE, FL 32091			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GASKINS, JAMES W.	NAME			
STREET ADDRESS	RT. 2, BOX 2095	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRANT, GEORGE	NAME			
STREET ADDRESS	RT 2 BOX 2145	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAYNE, GEORGE	NAME			
STREET ADDRESS	6323 PAYNE RD.	STREET ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32091	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALDRE, CHARLES	NAME			
STREET ADDRESS	8548 IMMOKALEE ROAD	STREET ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATERSON, BOB	NAME			
STREET ADDRESS	RT. 2 BOX 2815	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UNDERHILL, RICHARD	NAME			
STREET ADDRESS	RT. 2 BOX 1760	STREET ADDRESS			
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 information.					
SIGNATURE: <i>James W. Gaskins</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>1/29/04</i> Daytime Phone # <i>904-964-6369</i>			
<i>president</i>					