


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 043 ****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, 2005		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 checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRANT, GEORGE		NAME	VP Baldree, Andy	
STREET ADDRESS	RT 2 BOX 2145		STREET ADDRESS	1269 SE 97th Street	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP	Starke, FL 32091	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAYNE, GEORGE		NAME	ST Payne, George	
STREET ADDRESS	6323 PAYNE RD.		STREET ADDRESS	6323 Payne Rd	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32091		CITY-ST-ZIP	Keystone Heights, FL 32091	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALDREE, CHARLES		NAME		
STREET ADDRESS	8548 IMMOKALEE ROAD		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PATERSON, BOB		NAME	D Cooney, Harry	
STREET ADDRESS	RT. 2 BOX 2815		STREET ADDRESS	9574 SE SR100	
CITY-ST-ZIP	STARKE, FL		CITY-ST-ZIP	Starke, FL 32091	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	UNDERHILL, RICHARD		NAME	D Whitehead, A.B.	
STREET ADDRESS	RT. 2 BOX 1760		STREET ADDRESS	21040 NW 105th Ave	
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP	Lake Butler, FL 32054	
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 like empowered.					
SIGNATURE: James Gaskins <i>James Gaskins</i> 2/28/05 964-6369					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					