

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



05192006 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6177717

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GASKINS, JAMES W.
RT. 2, BOX 2095
STARKE, FL 32091

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000565993

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

05/24/06-80004-007 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GASKINS, JAMES W. RT. 2, BOX 2095 STARKE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BALDREE, ANDY 1269 SE 97TH STREET STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAYNE, GEORGE 6323 PAYNE RD. KEYSTONE HEIGHTS, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDREE, CHARLES 8548 IMMOKALEE ROAD KEYSTONE HEIGHTS, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COONEY, HARRY 9574 SE SR 100 STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, A 21040 NW 105TH AVE LAKE BUTLER, FL 32054

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Gaskins **James GASKINS** **5-19-06** **964-6369**