


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90011 029 ****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 - No P.O. Box # 2270 N Temple Ave		3. Mailing Address 2270 N Temple Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Starke Fla		City & State Starke, Fla		4. FEI Number 59-6177717	
Zip 32091		Country Bradford		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GASKINS, JAMES W. RT. 2, BOX 2095 STARKE, FL 32091		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	NAME GASKINS, JAMES W.		TITLE 	NAME 	
STREET ADDRESS RT. 2, BOX 2095	CITY-ST-ZIP STARKE, FL		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME BALDREE, ANDY		TITLE 	NAME 	
STREET ADDRESS 1269 SE 97TH STREET	CITY-ST-ZIP STARKE, FL 32091		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE ST	NAME PAYNE, GEORGE		TITLE 	NAME 	
STREET ADDRESS 6323 PAYNE RD.	CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32091		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME BALDREE, CHARLES		TITLE 	NAME 	
STREET ADDRESS 8548 IMMOKALEE ROAD	CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME COONEY, HARRY		TITLE 	NAME 	
STREET ADDRESS 9574 SE SR 100	CITY-ST-ZIP STARKE, FL 32091		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME WHITEHEAD, A		TITLE 	NAME 	
STREET ADDRESS 21040 NW 105TH AVE	CITY-ST-ZIP LAKE BUTLER, FL 32054		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>James Gaskins</i> JAMES GASKINS			Date 5-25-07 Daytime Phone # 904 964-8366		