

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790560

FILED
Feb 16, 2009
Secretary of State

Entity Name: BRADFORD COUNTY FARM BUREAU LAA

Current Principal Place of Business:

2270 N. TEMPLE AVE.
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

2270 N. TEMPLE AVE.
STARKE, FL 32091

New Mailing Address:

FEI Number: 59-6177717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASKINS, JAMES W.
RT. 2, BOX 2095
STARKE, FL 32091 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: P () Delete
Name: GASKINS, JAMES W.,
Address: 22425 NW STATE ROAD 16
City-St-Zip: STARKE, FL 32091

Title: VP () Delete
Name: HERSEY, CLYDE JEWITT
Address: 7372 SE 11TH AVE
City-St-Zip: STARKE, FL 32091

Title: ST () Delete
Name: PAYNE, GEORGE,
Address: 6323 PAYNE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32091

Title: D () Delete
Name: BALDREE, CHARLES
Address: 8548 IMMOKALEE ROAD
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D () Delete
Name: COONEY, HARRY
Address: 9574 SE SR 100
City-St-Zip: STARKE, FL 32091

Title: D () Delete
Name: WHITEHEAD, A
Address: 21040 NW 105TH AVE
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES W GASKINS

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date