2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 790611

1. Entity Name
SUMTER COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
7610 SR 471 BUSHNELL, FL 33513 US	7610 SR 471 BUSHNELL, FL 33513 US

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01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1028366

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

G.O PARROTT JR
6874 CR 736
BUSHNELL, FL 33513

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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) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	RICE, KELLY
STREET ADDRESS	1912 C 478 A (PO BOX 648)
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	PD
NAME	PARROTT, GEORGE O
STREET ADDRESS	2354 SE 47TH RD
CITY-ST-ZIP	BUSHNELL, FL 33513
TITLE	STD
NAME	CAMP, JOEL
STREET ADDRESS	11699 CR 727
CITY-ST-ZIP	WEBSTER, FL 33597
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joel Camp 2-10-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #