2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

N	Secretary of State
	02-03-2005 90048 024 ****61.25

DOCUMENT #790637 1. Entity Name LEON COUNTY FARM BUREAU LAA Principal Place of Business Mailing Address 50010227 1349 CROSS CREEK WAY 1349 CROSS CREEK WAY TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-6177354 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --- 6.- Name and Address of Current Registered Agent NYMAN, GLEN PRES. 1349 CROSS CREEK WAY Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 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 soent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. president TITLE vice ☐ Delete TITLE ■ Addition Change 2eiler NYMAN, GLEN NAME NAME Lennie 8312 ELAN DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE treasurer Change Addition NAME ROBERTS, WILLIAM NAME Jimmy Hall, Jr. STREET ADDRESS 7107 ROBERTS RD. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-7/P TITLE VP Director ☐ Delete TITLE Change ☐ Addition ooty wenzel NAME WENZEL, DOTY NAME STREET ADDRESS 7023 ALHAMBRA DR. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32311 CITY-ST-ZIP Director seff Porter TITLE ☐ Delete TITI F Change X Addition CONRAD, JACK NAME NAME STREET ADDRESS RT 31 BOX 198 STREET ADDRESS TALLAHASSEE, FL 32312 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME POPPELL, BOB NAME STREET ADDRESS 2703 BRENNER PASS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ___ Addition JOHNSTON, TONY NAME NAME STREET ADDRESS 6100 WALKABOUT LANE STREET ADDRESS TALLAHASSEE, FL 32308 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x-0335