

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790637

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: LEON COUNTY FARM BUREAU LAA

## Current Principal Place of Business:

1349 CROSS CREEK WAY  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

1349 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

## Current Mailing Address:

1349 CROSS CREEK WAY  
TALLAHASSEE, FL 32301

## New Mailing Address:

1349 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301

FEI Number: 59-6177354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NYMAN, GLEN PRES.  
1349 CROSS CREEK WAY  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

NYMAN, GLEN PRES.  
1349 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301 US

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:

02/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NYMAN, GLEN  
Address: 3280 HORSESHOE TRL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP ( ) Delete  
Name: POPPELL, ROBERT R  
Address: 2703 BRENNER PASS  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: HALL, JIMMY L JR  
Address: 14033 ROCOCO ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: S ( ) Delete  
Name: REGISTER, DAVID  
Address: 15011 SUNRAY ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: ROBERTS, WILLIAM T  
Address: 7107 ROBERTS ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: JOHNSTON, TONY  
Address: 6100 WALKABOUT LANE  
City-St-Zip: TALLAHASSEE, FL 32308

## 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: D (X) Change ( ) Addition  
Name: SMITH, ELLIS  
Address: 2683 SARAWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32309

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: ELLIS SMITH

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date