

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90049 002 ****61.25

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1. Entity Name

LAKE COUNTY FARM BUREAU LAA



Principal Place of Business

30241 STATE ROAD 19
TAVARES FL 32778-4259

Mailing Address

30241 STATE ROAD 19
TAVARES FL 32778-4259

2. Principal Place of Business

SAME

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0804885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARIA, TANGIE
26747 CR 4482
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name

FARIA, TANGIE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME FARIA, TANGIE
STREET ADDRESS 26747 CR 448 A
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE PD ☒ Delete
NAME MCDONALD, DAVID
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES FL 32778

TITLE SD ☐ Delete
NAME STEPHENS, DON
STREET ADDRESS 30241 STATE ROAD 19
CITY-ST-ZIP TAVARES FL 32778-4259

TITLE TD ☐ Delete
NAME BENHAM, BILL
STREET ADDRESS 14901 DERBY OAKS RD
CITY-ST-ZIP ASTATULA FL 34705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Change ☒ Addition
NAME TRUENOW, KEITH
STREET ADDRESS 29116 BEAUCLAIRE DR.
CITY-ST-ZIP TAVARES, FL. 32778

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Tangie Faria* **TANGIE FARIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

Date

352-343-4407

Daytime Phone #