

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790641

FILED
Jan 09, 2006
Secretary of State

Entity Name: LAKE COUNTY FARM BUREAU LAA

Current Principal Place of Business:

30241 STATE ROAD 19
TAVARES, FL 327784259

New Principal Place of Business:

Current Mailing Address:

30241 STATE ROAD 19
TAVARES, FL 327784259

New Mailing Address:

FEI Number: 59-0804885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARIA, TANGIE
26747 CR 4482
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

TRUENOW, KEITH
29116 BEAUCLAIRE DR.
TAVARES, FL 32778 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: KEITH TRUENOW

01/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FARIA, TANGIE
Address: 26747 CR 448 A
City-St-Zip: MOUNT DORA, FL 32757

Title: VP () Delete
Name: TRUENOW, KEITH
Address: 29116 BEAUCLAIRE DR
City-St-Zip: TAVARES, FL 32778

Title: SD () Delete
Name: STEPHENS, DON
Address: PO BOX 734
City-St-Zip: MOUNT DORA, FL 32756

Title: TD () Delete
Name: BENHAM, BILL
Address: 14901 DERBY OAKS RD
City-St-Zip: ASTATULA, FL 34705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRUENOW, KEITH
Address: 29116 BEAUCLAIRE DR
City-St-Zip: TAVARES, FL 32778

Title: VP (X) Change () Addition
Name: ROYAL, RICHARD
Address: P.O. BOX 168
City-St-Zip: UMATILLA, FL 32784

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 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: KEITH TRUENOW

PD

01/09/2006

Electronic Signature of Signing Officer or Director

Date