

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790641

FILED  
Jan 07, 2009  
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:**

REINER, JACK  
10290 SE 138TH PLACE RD  
SUMMERFIELD, FL 34491 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: REINER, JACK  
Address: 10290 SE 138TH PLACE RD  
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP ( ) Delete  
Name: BAKER, WILLIAM  
Address: P.O. BOX 748  
City-St-Zip: MOUNT DORA, FL 32757 US

Title: SD ( ) Delete  
Name: WOOD, BRET  
Address: 161815 CR 448  
City-St-Zip: MOUNT DORA, FL 32757 US

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

**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:

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: JACK REINER

PD

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date