

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90030 004 \*\*\*\*61.25

<b>DOCUMENT # 790646</b> 1. Entity Name: <b>WALTON COUNTY FARM BUREAU LAA</b>					
Principal Place of Business: <b>684 N 9TH ST, DEFUNIAK SPRINGS, FL 32433 US</b>			Mailing Address: <b>684 N 9TH ST, DEFUNIAK SPRINGS, FL 32433 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1110000</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>THORN, LEONARD</b> <b>15686 STATE HWY 83 NORTH</b> <b>DEFUNIAK SPRINGS, FL 32433</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	<b>DST</b> <b>BELL, DANNY R.</b> <b>535 DR NELSON RD</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>DP</b> <b>THORN, LEONARD</b> <b>15686 STATE HWY 83 NORTH</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>D</b> <b>PRICE, CARLOS</b> <b>5389 COUNTY HWY 192</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>D</b> <b>HUNT, WILLIE F., JR.</b> <b>1755 NEW HARMONY LOOP</b> <b>DEFUNIAK SPRINGS, FL</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>D</b> <b>HARRISON, PAMELA</b> <b>4865 COUNTY HWY 183B</b> <b>DEFUNIAK SPRINGS, FL 32433</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>DV</b> <b>TAYLOR, MILDRED</b> <b>4128 US HWY 331 S</b> <b>DEFUNIAK SPGS., FL</b>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>Wilkerson, Don. F</b> <b>174 Bonnie Dr.</b> <b>DeFuniak Springs, FL 32433</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Leonard Thorn President</i> <b>4-19-04</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					