


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90037 009 \*\*\*\*61.25

|  |                            |  |  |  |  |
|--|----------------------------|--|--|--|--|
| <b>DOCUMENT # 790646</b><br>1. Entity Name<br>WALTON COUNTY FARM BUREAU LAA  |                            |  |  |         |  |
| Principal Place of Business<br>684 N 9TH ST<br>DEFUNIAK SPRINGS, FL 32433 US   |                            |  | Mailing Address<br>684 N 9TH ST<br>DEFUNIAK SPRINGS, FL 32433 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                            | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                            | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                            | City & State   |  | 4. FEI Number<br>59-1110000  |  |
| Zip  |                            | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                            |  |  | 7. Name and Address of New Registered Agent  |  |
| THORN, LEONARD<br>15686 STATE HWY 83 NORTH<br>DEFUNIAK SPRINGS, FL 32433   |                            |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____  |                            |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</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>                         |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |  |  |
| TITLE  | DST                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | BELL, DANNY R.             |  | NAME   |  |  |
| STREET ADDRESS   | 535 DR NELSON RD           |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | DEFUNIAK SPRINGS, FL 32433 |  | CITY-ST-ZIP  |  |  |
| TITLE  | DP                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | THORN, LEONARD             |  | NAME   |  |  |
| STREET ADDRESS   | 15686 STATE HWY 83 NORTH   |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | DEFUNIAK SPRINGS, FL 32433 |  | CITY-ST-ZIP  |  |  |
| TITLE  | D                          | <input checked="" type="checkbox"/> Delete                                       | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             |  |
| NAME   | WILKERSON, DON F           |  | NAME   | Joe Johnson  |  |
| STREET ADDRESS   | 174 BONNIE DR.             |  | STREET ADDRESS   | P.O. Box 299   |  |
| CITY-ST-ZIP  | DEFUNIAK SPRINGS, FL 32433 |  | CITY-ST-ZIP  | DeFuniak Springs, FL 32433   |  |
| TITLE  | D                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | HUNT, WILLIE F., JR.       |  | NAME   |  |  |
| STREET ADDRESS   | 1755 NEW HARMONY LOOP      |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | DEFUNIAK SPRINGS, FL       |  | CITY-ST-ZIP  |  |  |
| TITLE  | D                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | HARRISON, PAMELA           |  | NAME   |  |  |
| STREET ADDRESS   | 4865 COUNTY HWY 183B       |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | DEFUNIAK SPRINGS, FL 32433 |  | CITY-ST-ZIP  |  |  |
| TITLE  | DV                         | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME   | TAYLOR, MILDRED            |  | NAME   |  |  |
| STREET ADDRESS   | 4128 US HWY 331 S          |  | STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | DEFUNIAK SPGS., FL         |  | CITY-ST-ZIP  |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> <u>Danny R. Bell</u>   |                            |  | 1/23/07 850-892-5512   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            |  | Date Daytime Phone #   |  |  |