

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790646

FILED
Feb 16, 2009
Secretary of State

Entity Name: WALTON COUNTY FARM BUREAU LAA

Current Principal Place of Business:

684 N 9TH ST
DEFUNIAK SPRINGS, FL 32433 US

New Principal Place of Business:

Current Mailing Address:

684 N 9TH ST
DEFUNIAK SPRINGS, FL 32433 US

New Mailing Address:

FEI Number: 59-1110000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORN, LEONARD
15686 STATE HWY 83 NORTH
DEFUNIAK SPRINGS, FL 32433 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: DST () Delete
Name: BELL, DANNY R.,
Address: 535 DR NELSON RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DP () Delete
Name: THORN, LEONARD
Address: 15686 STATE HWY 83 NORTH
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: JOHNSON, JOE
Address: P.O. BOX 289
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: D () Delete
Name: HUNT, WILLIE F., JR.,
Address: 1755 NEW HARMONY LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL

Title: D () Delete
Name: HARRISON, PAMELA
Address: 4865 COUNTY HWY 183B
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: DV () Delete
Name: TAYLOR, MILDRED,
Address: 4128 US HWY 331 S
City-St-Zip: DEFUNIAK SPGS., FL

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
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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: LEONARD THORN

DP

02/16/2009

Electronic Signature of Signing Officer or Director

Date