


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90011 026 \*\*\*\*70.00

<b>DOCUMENT # 790652</b>					
1. Entity Name GADSDEN COUNTY FARM BUREAU LAA					
Principal Place of Business 2111 WEST JEFFERSON STREET QUINCY, FL 32351			Mailing Address 2111 WEST JEFFERSON STREET QUINCY, FL 32351		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0610526	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PRESNELL, ROBERT 508 SMITH TOWN ROAD CHATTAHOOCHEE, FL 32324			Name Street Address (P.O. Box Number is Not Acceptable) 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: <i>Robert Presnell</i>		<i>Robert Presnell</i>		DATE: 1-29-04	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAY, JOE		NAME	ASHLEY MAY	
STREET ADDRESS	901 CIRCLE DRIVE		STREET ADDRESS	178 MAY NURSERY RD	
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	V	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, TAYLOR		NAME		
STREET ADDRESS	178 MAY NURSERY ROAD		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CLAY		NAME		
STREET ADDRESS	P.O. BOX 2150		STREET ADDRESS		
CITY-ST-ZIP	QUINCEY, FL 32353		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESNELL, ROBERT		NAME		
STREET ADDRESS	508 SMITH TOWN ROAD		STREET ADDRESS		
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, DAVID D		NAME		
STREET ADDRESS	P.O. BOX 92		STREET ADDRESS		
CITY-ST-ZIP	QUINCEY, FL 32353		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MARCUS		NAME		
STREET ADDRESS	5466 HOSFORD HWY		STREET ADDRESS		
CITY-ST-ZIP	QUINCY, FL 32351		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 like empowered.					
SIGNATURE: <i>Robert Presnell</i>		<i>Robert Presnell</i>		DATE: 1-29-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 850-627-7196	