2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# 790652

Entity Name: GADSDEN COUNTY FARM BUREAU LAA

Current Principal Place of Business:

2111 WEST JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

2111 WEST JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 59-0610526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRESNELL, ROBERT
508 SMITH TOWN ROAD
CHATTAHOOCHEE, FL 32324 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:	VP	( ) Delete
Name:	MAY, ASHLEY	
Address:	178 MAY NURSERY RD.	
City-St-Zip:	HAVANA, FL 32333	
Title:	P	( ) Delete
Name:	TAYLOR, LAWSON	
Address:	178 MAY NURSERY ROAD	
City-St-Zip:	HAVANA, FL 32333	
Title:	S	( ) Delete
Name:	JOHNSON, CLAY	
Address:	P.O. BOX 2150	
City-St-Zip:	QUINCEY, FL 32353	
Title:	T	( ) Delete
Name:	PRESNELL, ROBERT	
Address:	508 SMITH TOWN ROAD	
City-St-Zip:	CHATTAHOOCHEE, FL 32324	
Title:	D	( ) Delete
Name:	CLARK, DAVID D	
Address:	P.O. BOX 92	
City-St-Zip:	QUINCEY, FL 32353	
Title:	D	( ) Delete
Name:	EDWARDS, MARCUS	
Address:	5466 HOSFORD HWY	
City-St-Zip:	QUINCY, FL 32351	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	JOHNSON, CLAY	
Address:	P.O. BOX 2150	
City-St-Zip:	QUINCY, FL 32353	
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: ROBERT PRESNELL T 01/08/2008

Electronic Signature of Signing Officer or Director — Date