

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790659

FILED
Apr 28, 2006
Secretary of State

Entity Name: HIGHLANDS COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

6419 US 27 SOUTH
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

6419 US 27 SOUTH
SEBRING, FL 33876 US

New Mailing Address:

FEI Number: 59-1028609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, SMOAK
1025 CR 17 NORTH
LAKE PLACID, FL 33852 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: ANDREWS, TOM
Address: 731 LAKESIDE RD
City-St-Zip: SEBRING, FL 33870

Title: TRES () Delete
Name: ELLIOTT, DONALD
Address: 1731 LAKE CLAY DR
City-St-Zip: LAKE PLACID, FL 33852

Title: S () Delete
Name: PHYPERS, DREW
Address: 546 N. LAKEVIEW
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: KIROUAC, SCOTT
Address: 320 KITE AVE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: BRYAN, MARFK
Address: 12001 ARBUCKEL CREEK RD
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: HOWERTON, CHARLES
Address: 4502 US 98
City-St-Zip: SEBRING, FL 33876

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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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 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: DONALD ELLIOTT

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date