

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790659

FILED  
Mar 07, 2008  
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:

ANDREWS, TOM  
731 LAKESIDE RD  
SEBRING, FL 33870 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: PRES ( ) Delete  
Name: ANDREWS, TOM  
Address: 731 LAKESIDE RD  
City-St-Zip: SEBRING, FL 33870

Title: TRES ( ) Delete  
Name: MARTY, WOHL  
Address: 3200 US HWY 27, SOUTH  
City-St-Zip: SEBRING, FL 33870

Title: SECY ( ) Delete  
Name: PHYPERS, DREW  
Address: 77 D PLACE  
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, MARK  
Address: 12001 ARBUCKEL CREEK RD  
City-St-Zip: SEBRING, FL 33870

Title: D ( ) Delete  
Name: BRONSON, JUDY  
Address: 140 MONTSDOECA LANE  
City-St-Zip: LORIDA, FL 33857

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANDREWS, TOM  
Address: 731 LAKESIDE RD  
City-St-Zip: SEBRING, FL 33870

Title: T (X) Change ( ) Addition  
Name: MARTY, WOHL  
Address: 3200 US HWY 27, SOUTH  
City-St-Zip: SEBRING, FL 33870

Title: S (X) Change ( ) Addition  
Name: PHYPERS, DREW  
Address: 77 D PLACE  
City-St-Zip: LAKE PLACID, FL 33852

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: TOM ANDREWS

PRES

03/07/2008

Electronic Signature of Signing Officer or Director

Date