

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790659

FILED
Mar 12, 2010
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:

6419 US HWY 27, SOUTH
SEBRING, FL 33876 US

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:

WOHL, MARTY M VP
3200 US HWY 27, SOUTH
#201
SEBRING, FL 33870 US

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: MARTY M. WOHL

03/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: ELLIOTT, MATT K P
Address: 711 HILLCREST AVENUE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: VP
Name: WOHL, MARTY M VP
Address: 3200 US HWY 27, SOUTH
City-St-Zip: SEBRING, FL 33870 US

Title: S
Name: PHYPERS, DREW W S
Address: 77 D PLACE
City-St-Zip: LAKE PLACID, FL 33852 US

Title: T
Name: KIROUAC, SCOTT A T
Address: 320 KITE AVE
City-St-Zip: SEBRING, FL 33872 US

Title: D
Name: BUTLER, APRIL D
Address: 4509 GEORGE AVENUE
City-St-Zip: SEBRING, FL 33876 US

Title: D
Name: BRONSON, SAM D
Address: 6032 WILSON TERRACE
City-St-Zip: SEBRING, FL 33876 US

I hereby 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 all other like empowered.

SIGNATURE: MARTY M. WOHL

VP

03/12/2010

Electronic Signature of Signing Officer or Director

Date