

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

FILED

**Jan 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # 790667

**1. Entity Name
PASCO COUNTY FARM BUREAU LIMITED
AGRICULTURAL ASSOCIATION**



**Principal Place of Business
12445 U.S. 301
DADE CITY, FL 33525**

**Mailing Address
12445 U.S. 301
DADE CITY, FL 33525**



01072004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0829841	Applied For Nor Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SIMPSON, WILTON
41040 SIMPSON FARM LANE
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

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

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. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DILLARD, JAN 15995 BELLAMY BROTHERS BLVD DADE CITY, FL 33525
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GORE, FRED 7750 GALL BLVD ZEPHYRHILLS, FL 33541
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, WILTON 41040 SIMPSON FARM LANE DADE CITY, FL 33525
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINNEY, RICHARD 40455 OTIS ALLEN ROAD ZEPHYRHILLS, FL 33540
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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00000003477
01/13/04-80058-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/04 (359) 567-5641