

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 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



01142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0829841**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**SD  
DILLARD, JAN  
15995 BELLAMY BROTHERS BLVD  
DADE CITY, FL 33525**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**TD  
GORE, FRED  
7750 GALL BLVD  
ZEPHYRHILLS, FL 33541**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**PD  
SIMPSON, WILTON  
41040 SIMPSON FARM LANE  
DADE CITY, FL 33525**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VD  
KINNEY, RICHARD  
40455 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U00000218395  
02/08/05-80009-020 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

**2-3-05 (35) 567-5641**  
Date Daytime Phone #