

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 017 ****61.25

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**

400132



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0829841

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SIMPSON, WILTON
41040 SIMPSON FARM LANE 21310 Hwy 98N
DADE CITY, FL 33525 Trilby, FL 33593

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DILLARD, JAN ☐ Delete
15995 BELLAMY BROTHERS BLVD
DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GORE, FRED ☐ Delete
7750 GALT BLVD
ZEPHYRHILLS, FL 33541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SIMPSON, WILTON ☐ Delete
41040 SIMPSON FARM LANE
DADE CITY, FL 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
KINNEY, RICHARD ☐ Delete
40455 OTIS ALLEN ROAD
ZEPHYRHILLS, FL 33540

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
PO Box 605
Zephyrhills, FL 33539

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
21310 HWY 98N (P.O. Box 721)
Trilby FL 33593

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

3-1-07

(352) 567-5641