

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790667

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** PASCO COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

**Current Principal Place of Business:**

12445 U.S. 301  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

12445 U.S. 301  
DADE CITY, FL 33525

**New Mailing Address:**

**FEI Number:** 59-0829841

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMPSON, WILTON  
2130 HWY 98 NORTH  
TRILBY, FL 33593 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: TD  
Name: DILLARD, JAN  
Address: 15995 BELLAMY BROTHERS BLVD  
City-St-Zip: DADE CITY, FL 33525

Title: SD  
Name: BLOMMEL, DONNA  
Address: 16725 SWEETWATER ROAD  
City-St-Zip: DADE CITY, FL 33523

Title: PD  
Name: SIMPSON, WILTON  
Address: 21310 HWY 98 NORTH  
City-St-Zip: TRILBY, FL 33593

Title: VD  
Name: KINNEY, RICHARD  
Address: 40455 OTIS ALLEN ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33540

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: WILTON SIMPSON

PD

03/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date