

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90100 043 ****61.25

DOCUMENT # 790674

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



Principal Place of Business
**1361 JACKSON AVE
CHIPLEY, FL 32428**

Mailing Address
**1361 JACKSON AVE
CHIPLEY, FL 32428**

00011004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-1058078

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

7. Name and Address of New Registered Agent

**CHRISTMAS, R B
1916 PALMVIEW RD
COTTONDALE, FL 32431**

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

R. Bruce Chiles

1/28/05

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**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHRISTMAS, BRUCE
1916 PALMVIEW RD
COTTONDALE, FL 32431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) Ann Christmas
1916 Palmview Drive
Cottondale, FL 32431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PADGETT, CARLTON
1754 PADGETT CIRCLE
CHIPLEY, FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) Brian Solger
1109 Orange Hill Rd
Chipley, FL 32428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TDS
FISHER, GEORGE
982 HUTCHINS LANE
CHIPLEY, FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) Whit Gainey
250 Rock Hill Church Rd
Cottondale, FL 32431 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ABBOTT, TODD
906 JOSEPH DR.
CHIPLEY, FL 32428 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
(D) Mark Odum
1284 Jackson Ave
Chipley, FL 32428 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SLOAN, CHARLES
811 HWY 277 SOUTH
CHIPLEY, FL 32428 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIGHTOWER, ALIENE
3863 SWINDEL RD
CARYVILLE, FL 32427 ☐ Delete

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 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:

R. Bruce Chiles

1/28/05

850-638-1786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #