
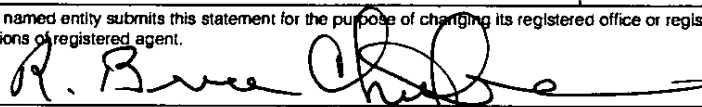
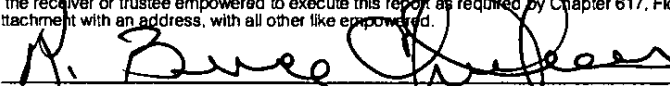


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90002 010 \*\*\*\*61.25

<b>DOCUMENT # 790674</b> 1. Entity Name <b>WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION</b>					
Principal Place of Business <b>1361 JACKSON AVE CHIPLEY, FL 32428</b>			Mailing Address <b>1361 JACKSON AVE CHIPLEY, FL 32428</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <b>FL</b> 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHRISTMAS, BRUCE</b> <b>1916 PALMVIEW RD</b> <b>COTTONDALE, FL 32431</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Ann Christmas</b> <b>1916 Palmview Drive</b> <b>Cottondale, FL 32431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PADGETT, CARLTON</b> <b>1754 PADGETT CIRCLE</b> <b>CHIPLEY, FL 32428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Brian Solger</b> <b>1109 Orange Hill Rd.</b> <b>Chipley, FL 32428</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TDS</b> <b>FISHER, GEORGE</b> <b>982 HUTCHINS LANE</b> <b>CHIPLEY, FL 32428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Whit Gainer</b> <b>250 Rock Hill Church Rd.</b> <b>Cottondale, FL 32431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ABBOTT, TODD</b> <b>906 JOSEPH DR.</b> <b>CHIPLEY, FL 32428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Mark Odum</b> <b>1244 Jackson Ave.</b> <b>Chipley, FL 32428</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SLOAN, CHARLES</b> <b>811 HWY 277 SOUTH</b> <b>CHIPLEY, FL 32428</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Phillip Adkison</b> <b>223 New Prospect Road</b> <b>Chipley, FL 32428</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIGHTOWER, ALIENE</b> <b>3863 SWINDEL RD</b> <b>CARYVILLE, FL 32427</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(D) Ivey McClain</b> <b>1193 South Blvd.</b> <b>Chipley, FL 32428</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>5/31/06</b> Daytime Phone #: <b>850-638-1756</b>		

50020362



05232006 Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-1058078**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**FL**