

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90053 034 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1058078	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTMAS, R B 1916 PALMVIEW RD COTTONDALE, FL 32431			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 reinstating) 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			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	TDS Phillip Adkison 223 New Prospect Rd. Chipley, FL 32428	☐ 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 Whit Gauney 250 Rock Hill Church Rd Cottondale, FL	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JBS VP FISHER, GEORGE 982 HUTCHINS LANE CHIPLEY, FL 32428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Brian Solger 1104 Orange Hill Rd. Chipley, FL 32428	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D ABBOTT, TODD 906 JOSEPH DR. CHIPLEY, FL 32428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Ivey McClain 1193 South Blvd. 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 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: <i>R. Bruce Christmas</i>			2/13/07 850-638-1756		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		