

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790674

FILED
Apr 27, 2009
Secretary of State

Entity Name: WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

Current Principal Place of Business:

1361 JACKSON AVE
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

1361 JACKSON AVE
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 59-1058078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTMAS, R B
1916 PALMVIEW RD
COTTONDALE, FL 32431 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: P () Delete
Name: CHRISTMAS, BRUCE
Address: 1916 PALMVIEW RD
City-St-Zip: COTTONDALE, FL 32431

Title: D () Delete
Name: PADGETT, CARLTON
Address: 1754 PADGETT CIRCLE
City-St-Zip: CHIPLEY, FL 32428

Title: VP () Delete
Name: FISHER, GEORGE
Address: 982 HUTCHINS LANE
City-St-Zip: CHIPLEY, FL 32428

Title: SEC () Delete
Name: ADKISON, PHILIP
Address: 223 NEW PROSPECT ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: SLOAN, CHARLES
Address: 811 HWY 277 SOUTH
City-St-Zip: CHIPLEY, FL 32428

Title: D () Delete
Name: HIGHTOWER, ALIENE
Address: 3863 SWINDEL RD
City-St-Zip: CARYVILLE, FL 32427

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT B CHRISTMAS

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date