

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90658 033 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1058078**

Applied For

Not Applicable

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 Christmas

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	P	<input type="checkbox"/> Delete
NAME	CHRISTMAS, BRUCE	
STREET ADDRESS	1916 PALMVIEW RD	
CITY-ST-ZIP	COTTONDALE FL 32431	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADGETT, CARLTON	
STREET ADDRESS	1754 PADGETT CIRCLE	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOOD, KENNITH	
STREET ADDRESS	4650 WILDERNESS RD	
CITY-ST-ZIP	VERNON FL 32462	
TITLE	TDS	<input type="checkbox"/> Delete
NAME	WILLIAMS, LAVERNE	
STREET ADDRESS	2 HWY 77	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SLOAN, CHARLES	
STREET ADDRESS	811 HWY 277 SOUTH	
CITY-ST-ZIP	CHIPLEY FL 32428	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGHTOWER, ALIENE	
STREET ADDRESS	3863 SWINDEL RD	
CITY-ST-ZIP	CARYVILLE FL 32427	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Fisher	
STREET ADDRESS	982 Hutchins Lane	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Solger	
STREET ADDRESS	1109 Orange Hill Road	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Sloan	
STREET ADDRESS	811 Highway 277 South	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Todd Abbott	
STREET ADDRESS	906 Joseph Dr.	
CITY-ST-ZIP	Chipley, FL 32428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Christmas

CR2E037 (10/02)