

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90087 007 ****61.25

DOCUMENT # 790675

1. Entity Name

BAKER COUNTY FARM BUREAU LAA



Principal Place of Business

**539 SOUTH 6TH ST
MCCLENNY FL 32063**

Mailing Address

**539 SOUTH 6TH ST
MCCLENNY FL 32063**

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

59-6177715

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**REGISTER, LLOYD A
REGISTER RD
BOX 840
SANDERSON FL 32087**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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

TITLE **ST** ☐ Delete
NAME **REGISTER, DARRYL**
STREET ADDRESS **REGISTER RD, BOX 839**
CITY-ST-ZIP **SANDERSON FL**

TITLE **D** ☐ Delete
NAME **RHODEN, LOUISE**
STREET ADDRESS **STATE RD 23-C**
CITY-ST-ZIP **MACCLENNY FL**

TITLE **VP** ☒ Delete
NAME **FISH, BEN F.**
STREET ADDRESS **BEN FISH RD**
CITY-ST-ZIP **SANDERSON FL**

TITLE **D** ☐ Delete
NAME **ROWE, CHARLES**
STREET ADDRESS **ROWE RD BOX 740**
CITY-ST-ZIP **MACCLENNY FL 32040**

TITLE **D** ☒ Delete
NAME **LYONS, JAMES C**
STREET ADDRESS **STATE RD 23C**
CITY-ST-ZIP **GLEN SAINT MARY FL 32040**

TITLE **P** ☐ Delete
NAME **REGISTER, LLOYD A**
STREET ADDRESS **REGISTER RD BOX 840**
CITY-ST-ZIP **SANDERSON FL 32087**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **PATRICIA L. FISH**
STREET ADDRESS **7433 PIERCE RD**
CITY-ST-ZIP **GLEN ST. MARY FL 32040**

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

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

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TITLE ☐ Change ☐ 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:

Lloyd Register
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4120104

904 259-6332

Date

Daytime Phone #