

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90038 043 *****70.00

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/04)																																																																																																																																									
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Country		Country																																																																																																																																											
4. FEI Number 59-6177715				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																									
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 Darryl Register Street Address (P.O. Box Number is Not Acceptable) Glenwood Drive 9452 Box Glen St Mary FL 32040																																																																																																																																									
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 <i>Darryl Register</i> Darryl Register, President <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																																																																																																																													
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																									
Make Check Payable to Florida Department of State																																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Delete</td> </tr> <tr> <td></td> <td>Pres REGISTER, DARRYL</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>REGISTER RD, BOX 839</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANDERSON FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td>D RHODEN, LOUISE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>STATE RD 23-C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MACCLENNY FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td>Sec - Treas. FISH, PATRICIA L</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7433 PIERCE RD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GLEN SAINT MARY FL 32040</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td>VP ROWE, CHARLES</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ROWE RD BOX 740</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MACCLENNY FL 32040</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td>REGISTER, LLOYD A</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>REGISTER RD BOX 840</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SANDERSON FL 32087</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">Change</td> <td style="width: 10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Change</td> <td>Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete		Pres REGISTER, DARRYL	<input type="checkbox"/>	STREET ADDRESS	REGISTER RD, BOX 839		CITY-ST-ZIP	SANDERSON FL		TITLE	NAME	Delete		D RHODEN, LOUISE	<input type="checkbox"/>	STREET ADDRESS	STATE RD 23-C		CITY-ST-ZIP	MACCLENNY FL		TITLE	NAME	Delete		Sec - Treas. FISH, PATRICIA L	<input type="checkbox"/>	STREET ADDRESS	7433 PIERCE RD.		CITY-ST-ZIP	GLEN SAINT MARY FL 32040		TITLE	NAME	Delete		VP ROWE, CHARLES	<input type="checkbox"/>	STREET ADDRESS	ROWE RD BOX 740		CITY-ST-ZIP	MACCLENNY FL 32040		TITLE	NAME	Delete		REGISTER, LLOYD A	<input type="checkbox"/>	STREET ADDRESS	REGISTER RD BOX 840		CITY-ST-ZIP	SANDERSON FL 32087		TITLE	NAME	Delete			<input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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: <i>Darryl Register</i> - President 315 105-904-259-6332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																													