2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# 790675

Entity Name: BAKER COUNTY FARM BUREAU LAA

Current Principal Place of Business:

539 SOUTH 6TH ST
MCCLENNY, FL 32063

New Principal Place of Business:

539 SOUTH 6TH ST
MACCLENNY, FL 32063

Current Mailing Address:

539 SOUTH 6TH ST
MCCLENNY, FL 32063

New Mailing Address:

539 SOUTH 6TH ST
MACCLENNY, FL 32063

FEI Number: 59-6177715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DARRYL, REGISTER
GLENWOOD DRIVE
9452 BOX
GLEN SAINT MARY, FL 32040 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: D ( ) Delete
Name: GRIFFIS, WYMAN
Address: 6560 BIL DAVIS RD
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: S/T ( ) Delete
Name: FISH, PATRICIA L
Address: 7433 PIERCE RD.
City-St-Zip: GLEN SAINT MARY, FL 32040

Title: VP ( ) Delete
Name: ROWE, CHARLES
Address: ROWE RD BOX 740
City-St-Zip: MACCLENNY, FL 32040

Title: D ( ) Delete
Name: REGISTER, LLOYD A,
Address: REGISTER RD BOX 840
City-St-Zip: SANDERSON, FL 32087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GRIFFIS, WYMAN
Address: 6560 BILL DAVIS RD
City-St-Zip: GLEN SAINT MARY, FL 32040

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 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: DARRYL REGISTER P 01/10/2007

Electronic Signature of Signing Officer or Director — Date