

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 06, 2008
Secretary of State**

DOCUMENT# 790675

Entity Name: BAKER COUNTY FARM BUREAU LAA

Current Principal Place of Business:

539 SOUTH 6TH ST
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

539 SOUTH 6TH ST
MACCLENNY, FL 32063

New Mailing Address:

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 BILL 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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: LYONS, ELEANOR
Address: P. O. BOX 32
City-St-Zip: GLEN ST. MARY, FL 32040

Title: D () Change (X) Addition
Name: THOMPSON, KENNETH
Address: 8397 CLAUDE HARVEY ROAD
City-St-Zip: GLEN ST MARY, FL 32040

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: DARRYL REGISTER

D

02/06/2008

Electronic Signature of Signing Officer or Director

_____ Date