

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790677

FILED
Apr 19, 2006
Secretary of State

Entity Name: HERNANDO-CITRUS COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

617 LAMAR AVE.
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

617 LAMAR AVE.
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-0900903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASON, JOHN F
921 S. MILDRED AVE.
BROOKSVILLE, FL 34601 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: STD () Delete
Name: MASON, JOHN F SEC-TRE
Address: 921 S. MILDRED AVE
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: VD () Delete
Name: THOMAS, JOHN L
Address: 6091 S PLEASANT GROVE RD.
City-St-Zip: INVERNESS, FL 344652

Title: D () Delete
Name: HUNNICUTT, HOMER E DIRECTO
Address: 4004 RAINES RD
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: D () Delete
Name: CASEY, GEORGE DIRECTO
Address: 17200 WISCON RD
City-St-Zip: BROOKSVILLE, FL 34601 US

Title: D () Delete
Name: ROOKS, ALBERT J DIRECTO
Address: 5726 S MERRYLAK PT
City-St-Zip: FLORAL CITY, FL 34436 US

Title: PD () Delete
Name: SMITH, KENNETH W PRES/DI
Address: 23421 WHITMAN RD.
City-St-Zip: BROOKSVILLE, FL 34601 US

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: () 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: KENNETH W. SMITH

PD

04/19/2006

Electronic Signature of Signing Officer or Director

Date