FILED
May 15, 2006 8:00 am
Secretary of State
04-24-2006 90378 020 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 790685

1. Entity Name
MADISON COUNTY FARM BUREAU, LAA

Principal Place of Business: ~~503 W. BASE ST. MADISON, FL 32340-2005~~
Mailing Address: ~~503 W. BASE ST. MADISON, FL 32340-2005~~

Madison Co. Farm Bureau

2. Principal Place of Business: 233 W. Base St.
Suite, Apt. #, etc.: Madison, FL.
City & State: 32340 (Madison)
Zip / Country

3. Mailing Address: ← Same
Suite, Apt. #, etc.
City & State
Zip / Country

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number: 59-0817185 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Waring, Howell
3639 N. State Road 53
Madison, FL 32340

7. Name and Address of New Registered Agent
Name: Jeffery Hamrick
Street Address (P.O. Box Number is Not Acceptable): 2942 SW Sundown Gr. Road
City: Greenville FL Zip Code: 32331

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] Date: 4-10-06

Filing Fee is $61.25
Due by May 1, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: GREENE, BUBBA STREET ADDRESS: PO BOX 38 CITY-ST-ZIP: MADISON, FL 32341	☐ Delete	TITLE: D NAME: Ginny Paarlberg STREET ADDRESS: 398 NE Laurel Oak Way CITY-ST-ZIP: Lee, FL 32059	☐ Change ☑ Addition
TITLE: D NAME: WILLIAMS, AARON STREET ADDRESS: RT 1 BOX 2435 CITY-ST-ZIP: LEE, FL 32059	☐ Delete	TITLE: D NAME: Richard Crane STREET ADDRESS: 4244 SW Sundown Cr. Rd. CITY-ST-ZIP: Greenville, FL 32331	☐ Change ☑ Addition
TITLE: D NAME: SEARCY, BOB STREET ADDRESS: RT 2 BOX 1000 CITY-ST-ZIP: MADISON, FL 32340	☐ Delete	TITLE: D NAME: Timmy Tuten STREET ADDRESS: 2238 SW Mosley Hall Rd. CITY-ST-ZIP: Madison, FL 32340	☐ Change ☑ Addition
TITLE: D NAME: WEBB, JOHN C STREET ADDRESS: RT 1 BOX 510 CITY-ST-ZIP: LEE, FL 32059	☐ Delete	TITLE: D NAME: William P Agner Jr. STREET ADDRESS: 4572 NE Cr. 255 CITY-ST-ZIP: Lee, FL 32059	☐ Change ☑ Addition
TITLE: D NAME: TERRY, RICHARD STREET ADDRESS: RT 1 BOX 2295 CITY-ST-ZIP: MADISON, FL 32340	☐ Delete	TITLE: D NAME: Jimmie Ragans STREET ADDRESS: 6035 S. SR 53 CITY-ST-ZIP: Madison, FL 32340	☐ Change ☑ Addition
TITLE: D NAME: RAGANS, BEN STREET ADDRESS: 1532 NE MACEDOMIE CHURCH RD CITY-ST-ZIP: MADISON, FL 32340	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #