

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 790701

1. Entity Name
WAKULLA COUNTY FARM BUREAU LAA



Principal Place of Business
2468 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

Mailing Address
2468 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US



01132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6177737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CRUM, GARY J
632 JACK CRUM RD
CRAWFORDVILLE, FL 32327

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CRUM, GARY
STREET ADDRESS 632 JACK CRUM RD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE D
NAME GOWDY, RICHARD
STREET ADDRESS 1700 CRAWFORDVILLE HWY
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE D
NAME MERRITT, BILL
STREET ADDRESS 3300 SMITH CREEK ROAD
CITY-ST-ZIP SOPCHOPPY, FL

TITLE D
NAME MERRITT, MARGARET
STREET ADDRESS 3300 SMITH CREEK RD
CITY-ST-ZIP SOPCHOPPY, FL 32358

TITLE D
NAME CRUM, RENA
STREET ADDRESS 632 JACK CRUM RD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Gary J. Crum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 850-9263425
Date Daytime Phone #