

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 790701 1. Entity Name WAKULLA COUNTY FARM BUREAU LAA	
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Principal Place of Business 2468 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US	Mailing Address 2468 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327 US
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6177737	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUM, GARY 632 JACK CRUM RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOWDY, RICHARD 1700 CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, BILL 3300 SMITH CREEK ROAD SOPCHOPPY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERRITT, MARGARET 3300 SMITH CREEK RD SOPCHOPPY, FL 32358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUM, RENA 632 JACK CRUM RD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000401834
02/02/06-80062-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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

President 1/23/06 8509263425
DATE DAYTIME PHONE #