

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 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



01142008 No Chg-NP

CR2E037 (4/06)

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000791504  
01/23/08-80078-007 61.25

**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08  
Date

8509263425  
Daytime Phone #