

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790701

FILED
Jan 09, 2009
Secretary of State

Entity Name: WAKULLA COUNTY FARM BUREAU LAA

Current Principal Place of Business:

2468 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

2468 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Mailing Address:

FEI Number: 59-6177737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUM, GARY J
632 JACK CRUM RD
CRAWFORDVILLE, FL 32327 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: P () Delete
Name: CRUM, GARY
Address: 632 JACK CRUM RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: GOWDY, RICHARD
Address: 1700 CRAWFORDVILLE HWY
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: MERRITT, BILL
Address: 3300 SMITH CREEK ROAD
City-St-Zip: SOPCHOPPY, FL

Title: D () Delete
Name: MERRITT, MARGARET
Address: 3300 SMITH CREEK RD
City-St-Zip: SOPCHOPPY, FL 32358

Title: D () Delete
Name: CRUM, RENA
Address: 632 JACK CRUM RD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRUM, GARY J
Address: 632 JACK CRUM RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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 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: GARY J CRUM

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date