

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90082 017 *****61.25

008/152

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6177737**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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

TITLE **Director** ☐ Change ☒ Addition
NAME **Richard Gowdy**
STREET ADDRESS **1700 Crawfordville Hwy**
CITY-ST-ZIP **Crawfordville, FL 32327**

TITLE **VP** ☒ Delete
NAME **FOGARTY, JIM**
STREET ADDRESS **56 CONNIE DR**
CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☒ Delete
NAME **FOGARTY, BARBARA**
STREET ADDRESS **56 CONNIE DR**
CITY-ST-ZIP **SOPCHOPPY FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **REQUIRE CRUM**

4-1-03

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CR2E037 (10/02)