

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

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

05-02-2003 90081 041 ****61.25

DOCUMENT # 790719

1. Entity Name

CLAY COUNTY FARM BUREAU LAA



Principal Place of Business

**3960 LAZY ACRE ROAD
MIDDLEBURG FL 32068**

Mailing Address

**3960 LAZY ACRE ROAD
MIDDLEBURG FL 32068**

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 **59-6177719**

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

**GODBOLD, JESSE
3960 LAZY ACRE ROAD
MIDDLEBURG FL 32068**

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

TITLE NAME	D Sec/TREASURER <input type="checkbox"/> Delete
STREET ADDRESS	SHORT, ALMA
CITY-ST-ZIP	918 ST JOHN AVE GREEN COVE SPRING FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	WILKINSON, MARION
CITY-ST-ZIP	1019 COUNTY ROAD 17 JACKSONVILLE FL
TITLE NAME	ST <input type="checkbox"/> Delete
STREET ADDRESS	BOWER, BISHOP
CITY-ST-ZIP	4025 GREEN ACRE RD MIDDLEBURG FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	CARTER, LEON
CITY-ST-ZIP	2204 LOUIE CARTER RD BALDWIN FL
TITLE NAME	P <input type="checkbox"/> Delete
STREET ADDRESS	GODBOLD, JESSE
CITY-ST-ZIP	205 PARK ST GREEN COVE SPRINGS FL
TITLE NAME	D <input type="checkbox"/> Delete
STREET ADDRESS	SPURLIN, GERALD L
CITY-ST-ZIP	3199 SR-16 WEST GREEN COVE SPRINGS FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	EUGENE HICKEY
CITY-ST-ZIP	6806 SHARON RD GREEN COVE SPRINGS FL 32043
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	NORMA JEAN PARRISH
CITY-ST-ZIP	6235 COUNTY RD 218 BALDWIN, FL 32234
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	JOSH FARLEY
CITY-ST-ZIP	P.O. BOX 141 PENNY FARMS, FL 32079
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	GAYWARD HENDRY
CITY-ST-ZIP	577 BRANSCOMB RD GREEN COVE SPRINGS, FL 32043
TITLE NAME	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RANDOLPH PADGETT
CITY-ST-ZIP	4441 WEEKS RD GREEN COVE SPRINGS FL 32043
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Jesse Godbold

4-30-03 9042849426

CR2E037 (10/02)