
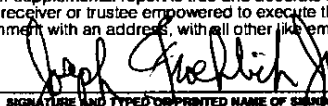


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90107 023 ****61.25

DOCUMENT # 790726 1. Entity Name PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA					
Principal Place of Business 147 US HWY 17 SOUTH EAST PALATKA, FL 32131-9005				Mailing Address 147 US HWY 17 SOUTH EAST PALATKA, FL 32131-9005	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1114266	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FROELICH, JOSEPH A 206 MAGNOLIA AVE CRESCENT CITY, FL 32112				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASTERS, LAWRENCE A JR		NAME	John R. Newbold	
STREET ADDRESS	7698 HUB BAILEY RD		STREET ADDRESS	P.O. Box 968	
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP	Crescent City, FL 32112	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SYKES, JOHN W JR		NAME	Jeb Smith	
STREET ADDRESS	5630 STATE RD., 207		STREET ADDRESS	9365 Hastings Blvd	
CITY-ST-ZIP	ELKTON, FL 32033		CITY-ST-ZIP	Hastings, FL 32145	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FROELICH, JAY		NAME	Maurice Sterling	
STREET ADDRESS	718 N PROSPECT ST		STREET ADDRESS	1112 Greenbridge Road	
CITY-ST-ZIP	CRESCENT CITY, FL		CITY-ST-ZIP	PA1 FL 32177	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FROELICH, JOSEPH A JR		NAME		
STREET ADDRESS	206 MAGNOLIA AVE		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEHLER, THEODORE B		NAME		
STREET ADDRESS	430 SISCO RD		STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK, FL 32181		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, WAYNE D		NAME		
STREET ADDRESS	9700 HASTINGS BLVD		STREET ADDRESS		
CITY-ST-ZIP	HASTINGS, FL 32145		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: 			Date: 1/11/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		