


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90039 041 ****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	4. FEI Number 59-1114266	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FROELICH, JOSEPH A 206 MAGNOLIA AVE CRESCENT CITY, FL 32112				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTERS, LAWRENCE A JR		NAME	Joel Smith	
STREET ADDRESS	7698 HUB BAILEY RD		STREET ADDRESS	9720 Hastings Blvd	
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP	HASTINGS, FL 32145	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYKES, JOHN W JR		NAME	JAY Froehlich	
STREET ADDRESS	5630 STATE RD., 207		STREET ADDRESS		
CITY-ST-ZIP	ELKTON, FL 32033		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROELICH, JAY		NAME	Wayne Smith	
STREET ADDRESS	718 N PROSPECT ST		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FROELICH, JOSEPH A JR		NAME	Jeb Smith	
STREET ADDRESS	206 MAGNOLIA AVE		STREET ADDRESS	9720 Hastings Blvd	
CITY-ST-ZIP	CRESCENT CITY, FL 32112		CITY-ST-ZIP	HASTINGS, FL 32145	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEHLER, THEODORE B		NAME	John R Newbold	
STREET ADDRESS	430 SISCO RD		STREET ADDRESS	P.O. Box 968	
CITY-ST-ZIP	POMONA PARK, FL 32181		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	SMITH, WAYNE D		NAME	Maurice Sterling	
STREET ADDRESS	9700 HASTINGS BLVD		STREET ADDRESS	112 Greenbrier Rd	
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP	PAL, FL 32177	
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: <i>Joseph A. Froehlich</i> Joseph A. Froehlich 1/25/06 386 3255822					