
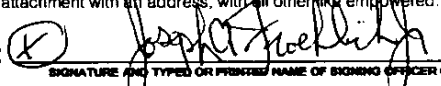


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90036 016 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1114266	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D MASTERS, LAWRENCE A JR P.O. BOX 578 HASTINGS, FL 32145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeb Smith 9365 Hastings Blvd Hastings FL 32145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FROELICH, JAY P.O. BOX 636 CRESCENT CITY, FL 32112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John W. Sykes 5630 State Rd 207 Eaton, FL 32033	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, MAURICE 112 GREENBRIAR RD. PALATKA, FL 32177		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Joel Smith 9720 Hastings Blvd Hastings, FL 32145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FROELICH, JOSEPH A JR 206 MAGNOLIA AVE CRESCENT CITY, FL 32112		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John R Newbold P.O. Box 968 Crescent City FL 32112	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIEHLER, THEODORE B 430 SISCO RD POMONA PARK, FL 32181		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WAYNE D 9700 HASTINGS BLVD HASTINGS, FL 32145		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			Date <u>1/23/08</u> Daytime Phone # _____		