

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790726

FILED
Mar 26, 2009
Secretary of State

Entity Name: PUTNAM ST JOHN'S COUNTY FARM BUREAU LAA

Current Principal Place of Business:

147 US HWY 17 SOUTH
EAST PALATKA, FL 321319005

New Principal Place of Business:

Current Mailing Address:

147 US HWY 17 SOUTH
EAST PALATKA, FL 321319005

New Mailing Address:

FEI Number: 59-1114266 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROEHLICH, JOSEPH A
206 MAGNOLIA AVE
CRESCENT CITY, FL 32112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MASTERS, LAWRENCE A JR
Address: P.O. BOX 578
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: FROEHLICH, JAY
Address: P.O. BOX 636
City-St-Zip: CRESCENT CITY, FL 32112

Title: D () Delete
Name: STERLING, MAURICE
Address: 112 GREENBRIAR RD.
City-St-Zip: PALATKA, FL 32177

Title: PD () Delete
Name: FROEHLICH, JOSEPH A JR
Address: 206 MAGNOLIA AVE
City-St-Zip: CRESCENT CITY, FL 32112

Title: VPD () Delete
Name: SIEHLER, THEODORE B
Address: 430 SISCO RD
City-St-Zip: POMONA PARK, FL 32181

Title: D () Delete
Name: SMITH, WAYNE D
Address: 9700 HASTINGS BLVD
City-St-Zip: HASTINGS, FL 32145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SMITH, JEB
Address: 9365 HASTINGS BLVD
City-St-Zip: HASTINGS, FL 32145

Title: D (X) Change () Addition
Name: SMITH, JOEL
Address: 9720 HASTINGS BLVD
City-St-Zip: HASTINGS, FL 32145

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOESPH A FROEHLICH

PRES

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date