

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 790738**

1. Entity Name

JEFFERSON COUNTY FARM BUREAU, LAA.



Principal Place of Business

105 W ANDERSON ST  
MONTICELLO FL 32344  
US

Mailing Address

105 W. ANDERSON ST.  
MONTICELLO FL 32344  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1010268

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROE, STEPHEN  
610 HALLELUJAH LANE  
MONTICELLO FL 32344

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**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, DOROTHY P.	
STREET ADDRESS	4167 AUCILLA	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, DANNY III	
STREET ADDRESS	10685 WAUKEENAH HWY	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	V	<input type="checkbox"/> Delete
NAME	EDWARDS, WALTER B JR	
STREET ADDRESS	PO BOX 8	
CITY-ST-ZIP	LLOYD FL 32337	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIRD, BUCKINGHAM	
STREET ADDRESS	P.O. BOX 247 N/A	
CITY-ST-ZIP	MONTICELLO FL 32345	
TITLE	P	<input type="checkbox"/> Delete
NAME	MONROE, STEPHEN	
STREET ADDRESS	610 HALLELUJAH LANE	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEMOTT, HERBERT	
STREET ADDRESS	915 GOVERNMENT FARM RD.	
CITY-ST-ZIP	MONTICELLO FL 32344	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000255843	
CITY-ST-ZIP	03/08/05-80031-012 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Dorothy P. Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

850-597-2213

Daytime Phone #