2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790739

Entity Name: POLK COUNTY FARM BUREAU, LAA

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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1715 HIGHWAY 17 SO 1715 HIGHWAY 17 SOUTH BARTOW, FL 33830 1715 HIGHWAY 17 SOUTH BARTOW, FL 33830

Current Mailing Address: New Mailing Address:

1715 HIGHWAY 17 SO 1715 HIGHWAY 17 SOUTH BARTOW, FL 33830 BARTOW, FL 33830

FEI Number: 59-0686513 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRANG, JOHN W STORY, VICTOR B P.O. BOX 1364 P.O. BOX 1063

AUBURNDALE, FL 33823 US BABSON PARK, FL 33827 US

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: VICTOR B. STORY, JR 04/11/2006

Electronic Signature of Registered Agent Date

City-St-Zip:

OFFICERS AND DIRECTORS:

LAKE WALES, FL 33898

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

LAKE WALES, FL 33898

Title: VP () Delete Title: VP (X) Change () Addition Name: COUNTER, CHARLES Name: DEVANE, FLOYD K

 Address:
 P.O. BOX 337
 Address:
 912 NE 9TH STREET

 City-St-Zip:
 HAINES CITY, FL 33845
 City-St-Zip:
 FORT MEADE, FL 33841

 Title:
 S
 () Delete
 Title:
 SEC
 (X) Change () Addition

 Name:
 PETERSON, GRETCHEN J
 Name:
 PETERSON, GRETCHEN J

 Address:
 1755 CAPPS ROAD
 Address:
 1755 CAPPS ROAD

Title: P () Delete Title: PP (X) Change () Addition Name: STRANG, JOHN W Name: STRANG, JOHN W

Address: P.O. BOX 1364 Address: P.O. BOX 1364

City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete Title: D (X) Change () Addition Name: SULLIVAN, PAUL Name: BLACK, NORMAN L Address: 1110 N. ROBERTS RD. Address: 1860 PINNACLE DRIVE

Address: 1110 N. ROBERTS RD. Address: 1860 PINNACLE DRIVE City-St-Zip: AVON PARK, FL 33825 City-St-Zip: LAKELAND, FL 33813

Title: T () Delete Title: () Change () Addition Name: TESTON, ROB Name:

 Address:
 525 TIFFANY TERRACE
 Address:

 City-St-Zip:
 LAKELAND, FL 33813
 City-St-Zip:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 DICKINSON, ANNE
 Name:
 STORY, VICTOR B

 Address:
 PO BOX 425
 Address:
 P.O. BOX 1063

 City-St-Zip:
 FROSTPROOF, FL 33843
 City-St-Zip:
 BABSON PARK, FL 33827

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR B. STORY PRES 04/11/2006

Electronic Signature of Signing Officer or Director

Date