

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790739

FILED
Jan 23, 2009
Secretary of State

Entity Name: POLK COUNTY FARM BUREAU, LAA

Current Principal Place of Business:

1715 HIGHWAY 17 SOUTH
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1715 HIGHWAY 17 SOUTH
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-0686513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVANE, FLOYD K JR.
1715 HIGHWAY 17 SOUTH
BARTOW, FL 33830 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: VP () Delete
Name: BLACK, NORMAN L JR
Address: 1860 PINNACLE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: SEC () Delete
Name: JAHNA, GRETCHEN
Address: 1755 CAPPs ROAD
City-St-Zip: LAKE WALES, FL 33898

Title: PP () Delete
Name: STORY, VICTOR B JR
Address: P.O. BOX 1063
City-St-Zip: BABSON PARK, FL 33827

Title: D () Delete
Name: MYERS, CORBY
Address: P.O. BOX 1063
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: TESTON, ROBERT W
Address: 525 TIFFANY TERRACE
City-St-Zip: LAKELAND, FL 33813

Title: PRES () Delete
Name: DEVANE, FLOYD K JR
Address: 912 NE 9TH STREET
City-St-Zip: FORT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: STORY, KYLE
Address: PO BOX 851
City-St-Zip: BABSON PARK, FL 33827

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

Title: D (X) Change () Addition
Name: MYERS, CORBY
Address: P.O. BOX 1410
City-St-Zip: LAKE WALES, FL 33859

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: FLOYD KENNETH DEVANE

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date