

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790739

FILED  
Mar 29, 2011  
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:**

BLACK, NORMAN L 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: PRES  
Name: BLACK, NORMAN L JR  
Address: 1860 PINNACLE DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: TREA  
Name: STORY, KYLE R  
Address: PO BOX 851  
City-St-Zip: BABSON PARK, FL 33827

Title: SEC  
Name: DUNSON, LESLIE W JR  
Address: P.O. BOX 589  
City-St-Zip: WINTER HAVEN, FL 33882

Title: DIR  
Name: MYERS, CORBY  
Address: P.O. BOX 1410  
City-St-Zip: LAKE WALES, FL 33859

Title: VP  
Name: HUNT, ELLIS  
Address: 2240 N SCENIC HWY  
City-St-Zip: BABSON PARK, FL 33827

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

I hereby 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 all other like empowered.

SIGNATURE: N. LARRY BLACK

PRES

03/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date