

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 790741

1. Entity Name
GULF COUNTY FARM BUREAU, LAA



Principal Place of Business

141 HWY 71 SOUTH
P.O. BOX 706
WEWAHITCHKA, FL 32465-0706

Mailing Address

17577 MAIN STREET N
BLOUNTSTOWN, FL 32424



01302008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6177725

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANIER, L L
HWY. 71 SOUTH
WEWAHITCHKA, FL 32465

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANIER, L L
STREET ADDRESS P.O. BOX 706
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE VD
NAME SEXTON, CHARLES
STREET ADDRESS 221 BRANNON LANE
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE SD
NAME JONES, MILDRED
STREET ADDRESS HWY 71 S.
CITY-ST-ZIP WEWAHITCHKA, FL

TITLE D
NAME CLECKLEY, BETTY
STREET ADDRESS P.O. BOX 182
CITY-ST-ZIP WEWAHITCHKA, FL 32465

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000819255
02/15/08-80076-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08

Date

Daytime Phone #