


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90387 020 \*\*\*\*61.25

<b>DOCUMENT # 790749</b>	
1. Entity Name <b>ORANGE COUNTY FARM BUREAU LAA</b>	

Principal Place of Business <b>4241 N. JOHN YOUNG PKY SUITE 1500 ORLANDO, FL 32804 US</b>	Mailing Address <b>P.O. BOX 585694 ORLANDO, FL 32858 US</b>
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**44029931**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0714004**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
<b>BUTLER, SCOTTIE 5700 S.W. 34TH STREET GAINESVILLE, FL</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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	
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BOYD, SCOTT</b>
STREET ADDRESS	<b>PO BOX 979</b>
CITY-ST-ZIP	<b>OAKLAND, FL 34760</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>BYRD, MARK</b>
STREET ADDRESS	<b>8286 STONE RD.</b>
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>RISSE, RICHARD</b>
STREET ADDRESS	<b>217 MCCORMICK RD.</b>
CITY-ST-ZIP	<b>APOPKA, FL 32703</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>BEAGLES, BOBBY</b>
STREET ADDRESS	<b>21302 FT. CHRISTMAS RD.</b>
CITY-ST-ZIP	<b>CHRISTMAS, FL 32709</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>DIETRICH, FRED III</b>
STREET ADDRESS	<b>10 SEMINOLE TRAIL</b>
CITY-ST-ZIP	<b>ORLANDO, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>GELTZ, TED JR.</b>
STREET ADDRESS	<b>17283 DAVENPORT RD.</b>
CITY-ST-ZIP	<b>WINTER GARDEN, FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice-President</b>
STREET ADDRESS	<b>James M. Knox, III</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary-Treasurer</b>
STREET ADDRESS	<b>Mellen, Robert</b>
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **Sec.** **4/6/04** **407-293-2456**