

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790749

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ORANGE COUNTY FARM BUREAU LAA

## Current Principal Place of Business:

4241 N. JOHN YOUNG PKY  
SUITE 1500  
ORLANDO, FL 32804 US

## Current Mailing Address:

P.O. BOX 585694  
ORLANDO, FL 32858 US

## New Principal Place of Business:

4241 N. JOHN YOUNG PKY  
SUITE 1000  
ORLANDO, FL 32804 US

## New Mailing Address:

FEI Number: 59-0714004      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUTLER, SCOTTIE  
5700 S.W. 34TH STREET  
GAINESVILLE, FL 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: D ( ) Delete  
Name: BOYD, SCOTT  
Address: PO BOX 979  
City-St-Zip: OAKLAND, FL 34760

Title: D ( ) Delete  
Name: BYRD, MARK  
Address: 8286 STONE RD.  
City-St-Zip: APOPKA, FL 32703

Title: VP ( ) Delete  
Name: KNOX, JAMES M III  
Address: 217 MCCORMICK RD.  
City-St-Zip: APOPKA, FL 32703

Title: P ( ) Delete  
Name: BEAGLES, BOBBY  
Address: 21302 FT. CHRISTMAS RD.  
City-St-Zip: CHRISTMAS, FL 32709

Title: D ( ) Delete  
Name: DIETRICH, FRED III  
Address: 10 SEMINOLE TRAIL  
City-St-Zip: ORLANDO, FL

Title: ST ( ) Delete  
Name: MELLEN, ROBERT  
Address: 17283 DAVENPORT RD.  
City-St-Zip: WINTER GARDEN, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition  
Name: BOYD, SCOTT  
Address: PO BOX 979  
City-St-Zip: OAKLAND, FL 34760

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

Title: PD (X) Change ( ) Addition  
Name: KNOX, JAMES M III  
Address: 217 MCCORMICK RD.  
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change ( ) Addition  
Name: BEAGLES, BOBBY  
Address: 21302 FT. CHRISTMAS RD.  
City-St-Zip: CHRISTMAS, FL 32709

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 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 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: JAMES M. KNOX, III

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date