

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790749

FILED
Mar 23, 2009
Secretary of State

Entity Name: ORANGE COUNTY FARM BUREAU LAA

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 585694
ORLANDO, FL 32858 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:

BOBBY R. BEAGLES
4241 N. JOHN YOUNG PARKWAY
SUITE 1000
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

BOYD, SCOTT
4241 N. JOHN YOUNG PARKWAY
SUITE 1000
ORLANDO, FL 32804 US

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: SCOTT BOYD

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () 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: D () Delete
Name: KNOX, JAMES M III
Address: 749 WHITE IVEY COURT
City-St-Zip: APOPKA, FL 32712

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 32825

Title: TREA () Delete
Name: MELLEN, ROBERT
Address: 1120 TOM GURNEY DR.
City-St-Zip: WINTER PARK, FL 34760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARKLE, KATHREIN
Address: 496 N. LAKE PLEASANT RD.
City-St-Zip: APOPKA, FL 32712

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

Title: D (X) Change () Addition
Name: HENDERSON, MAUREEN
Address: P. O. BOX 620713
City-St-Zip: ORLANDO, FL 32862

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: SCOTT BOYD

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date