1 of 2

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 30 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790759

1. Entity Name
SUWANNEE COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
407 DOWLING AVENUE LIVE OAK, FL 32060	407 DOWLING AVENUE LIVE OAK, FL 32060

01192004 No Chg-NP CR2E037 (10/03)

1/30/04

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0856187
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POUCHER, GEORGE E.
407 SOUTH DOWLING AVE
LIVE OAK, FL 32060

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000023329
02/02/04-80022-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POUCHER, GEORGE
STREET ADDRESS	3966 72ND ST
CITY-ST-ZIP	LIVE OAK, FL
TITLE	V
NAME	DASHER, RANDALL
STREET ADDRESS	5322 180TH ST
CITY-ST-ZIP	MCALPIN, FL
TITLE	S
NAME	MORGAN, GINNIE
STREET ADDRESS	16560 68TH PL
CITY-ST-ZIP	LIVE OAK, FL
TITLE	T
NAME	HINGSON, JT J
STREET ADDRESS	13356 84TH ST
CITY-ST-ZIP	LIVE OAK, FL
TITLE	D
NAME	BLEVINS, EDSEL
STREET ADDRESS	14704 104TH ST
CITY-ST-ZIP	LIVE OAK, FL
TITLE	D
NAME	CRAPPS, PC III
STREET ADDRESS	PO BOX 35/NA
CITY-ST-ZIP	LIVE OAK, FL

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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: G. E. Poucher 1.26.04 386-362-1274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D
WALTER K BROWN
20482 US HIGHWAY 129
O'BRIEN, FL
32071-3155

D
WILLIAM CARTE
14227 171ST ROAD
LIVE OAK, FLORIDA
32060-6546

D
KENNETH DASHER
8763 COUNTY ROAD 252
LIVE OAK, FLORIDA
32060-6868

D
KIAH EUBANKS
P O BOX 260
O'BRIEN, FLORIDA
32071-0260

D
BRUCE GOFF
16610 99TH LANE
McALPIN, FLORIDA
32062-2304

D
CAROL HENDERSON
7091 165TH ROAD
LIVE OAK, FLORIDA
32060-7607

D
SIDNEY LORD
13206 STATE ROAD 51
LIVE OAK, FLORIDA
32060-5458

D
RON MORGAN
16565 68TH PLACE
LIVE OAK, FLORIDA
32060-7607

D
WILLIAM G POUCHER
5751 COUNTY ROAD 136A
LIVE OAK, FLORIDA
32060-7557

D
TIMOTHY A STEICHEN
8076 31ST ROAD
WELLBORN, FLORIDA
32094-1834