


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 790759</b> 1. Entity Name SUWANNEE COUNTY FARM BUREAU LAA	
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Principal Place of Business 407 DOWLING AVENUE LIVE OAK, FL 32064	Mailing Address 407 DOWLING AVENUE LIVE OAK, FL 32064
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DO NOT WRITE IN THIS SPACE

FILED  
06 MAY -3 PM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03212006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-0856187	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POUCHER, GEORGE E.  
407 SOUTH DOWLING AVE  
LIVE OAK, FL 32064

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POUCHER, GEORGE 3966 72ND ST LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DASHER, RANDALL 5322 180TH ST MCALPIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, GINNIE 16560 68TH PL LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINGSON, JT J 13356 84TH ST LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLEVINS, EDSSEL 14704 104TH ST LIVE OAK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAPPS, PC III PO BOX 35/NA LIVE OAK, FL

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IN THIS SPACE

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05/12/06--01015--010 \*\*61.24

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: G.E. Poucher G.E. POUCHER 4-11-06 386-362-1274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #