


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 790765</b> 1. Entity Name NASSAU COUNTY FARM BUREAU LAA	
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Principal Place of Business P.O. BOX 5007 542560 US HWY 1 CALLAHAN, FL 32011	Mailing Address P.O. BOX 5007 542560 US HWY 1 CALLAHAN, FL 32011
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05032004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6177730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTHA LYNN RT 2 BOX 70 CALLAHAN, FL CALLAHAN, FL 32011
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**DO NOT WRITE  
IN THIS SPACE**

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 September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000154968  
05/05/04-80019-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNN, MARTHA RT 2 BOX 70 CALLAHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERRELL, JAMES RT 2, BOX 630 CALLAHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAWRENCE, ROBERT 8561 W 4TH AVE HILLIARD, FL 32046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, JAMES SR RT 2 BOX 425 HILLIARD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUARRIER, GIL RT 4 BOX 1068 CALLAHAN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, SHERRELL HC 1 BOX 390G BRYCEVILLE, FL 32009

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Martha A. Lynn 4/29/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #