2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 790765

1. Entity Name
NASSAU COUNTY FARM BUREAU LAA

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

04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6177730 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARTHA LYNN
RT 2 BOX 70
CALLAHAN, FL
CALLAHAN, FL 32011

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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 Martha Lynn 4-26-05
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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

U00000343860
04/29/05-80113-024 61.25

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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: Martha A. Lynn 04-26-2005 904-879-3498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #