

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790765

FILED
May 12, 2006
Secretary of State

Entity Name: NASSAU COUNTY FARM BUREAU LAA

Current Principal Place of Business:

P.O. BOX 5007
542560 US HWY 1
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5007
542560 US HWY 1
CALLAHAN, FL 32011

New Mailing Address:

FEI Number: 59-6177730 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNN, MARTHA
Address: RT 2 BOX 70
City-St-Zip: CALLAHAN, FL

Title: VP () Delete
Name: TERRELL, JAMES
Address: RT 2, BOX 630
City-St-Zip: CALLAHAN, FL

Title: S () Delete
Name: LAWRENCE, ROBERT
Address: 8561 W 4TH AVE
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: CUNNINGHAM, JAMES SR
Address: RT 2 BOX 425
City-St-Zip: HILLIARD, FL

Title: D () Delete
Name: QUARRIER, GIL
Address: RT 4 BOX 1068
City-St-Zip: CALLAHAN, FL

Title: D () Delete
Name: ROBERTS, SHERRELL
Address: HC 1 BOX 390G
City-St-Zip: BRYCEVILLE, FL 32009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: JAMES CUNNINGHAM

MR.

05/12/2006

Electronic Signature of Signing Officer or Director

Date