

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790765

FILED
Feb 16, 2009
Secretary of State

Entity Name: NASSAU COUNTY FARM BUREAU LAA

Current Principal Place of Business:

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:

542560 US HWY 1
CALLAHAN, FL 32011

FEI Number: 59-6177730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOM FORD
7790 FORD ROAD
BRYCEVILLE, FL
BRYCEVILLE, FL 32011 US

Name and Address of New Registered Agent:

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: FORD, TOM
Address: 7790 FORD ROAD
City-St-Zip: BRYCEVILLE, FL 32009

Title: VP () Delete
Name: BELL, AARON
Address: 45419 ZIDELL ROAD
City-St-Zip: CALLAHAN, FL 32011

Title: S () Delete
Name: LAWRENCE, ROBERT
Address: 27048 W 4TH AVE
City-St-Zip: HILLIARD, FL 32046

Title: T () Delete
Name: CUNNINGHAM, JAMES SR
Address: 17286 CUNNINGHAM FARM PLACE
City-St-Zip: HILLIARD, FL 32046

Title: D () Delete
Name: QUARRIER, GIL
Address: 44003 ARTESIAN BLVD
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: ROBERTS, SHERRELL
Address: 1031 RIVER FARM ROAD
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
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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 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: TOM FORD

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date