

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790765

FILED  
Mar 29, 2010  
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:**

542560 US HWY 1  
CALLAHAN, FL 32011

**New Mailing Address:**

P. O. BOX 5007  
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  
Name: FORD, TOM  
Address: 7790 FORD ROAD  
City-St-Zip: BRYCEVILLE, FL 32009

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

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

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

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

Title: D  
Name: ROBERTS, SHERRELL  
Address: 1031 RIVER FARM ROAD  
City-St-Zip: BRYCEVILLE, FL 32009

I hereby 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 all other like empowered.

SIGNATURE: DANA R. BELL

ADMI

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date